NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

October 15-16, 2025

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

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

Please do not remove the book from the meeting room.

JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

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

Date Posted: September 25, 2025

AGENDA

◈ PUBLIC NOTICE ◈

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

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

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

Please Note:

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

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

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

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

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

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

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

◈ CONSENT AGENDA ◈

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

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

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

   A. Advanced Diabetes Supply – Carlsbad, CA
   B. Giving Home Medical Equipment, LLC – Austin, TX
   C. Lott Med, LLC – Charlotte, NC
   D. US Med, LLC – Miami, FL

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

   Background Check Not Required by Law.

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

   E. Cintas First Aid & Safety – Gahanna, OH
   F. Cintas First Aid & Safety – Meridian, ID
   G. Cintas First Aid & Safety – Las Vegas, NV
   H. Cyclomedica USA, LLC – Tucker, GA

I. HSG-S Corp. – Savannah, GA
J. Obagi Cosmeceuticals, LLC – Long Beach, CA

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

K. Cardinal Health 200, LLC – Dublin, OH

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

L. LNHC, Inc – Durham, NC

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

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

M. Pharmalink, LLC – Largo, FL

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

N. Aurolife Pharm, LLC – Durham, NC
O. Brandywine Pharmaceuticals, LLC – West Chester, PA
P. Curium US, LLC – Noblesville, IN
Q. Epic Pharma, LLC – Westbury, NY
R. FEMSelect, Inc – Boca Raton, FL
S. Geodis Logistics, LLC – Clayton, IN
T. Lonza Houston, Inc – Portsmouth, NH
U. Reia, LLC – Portland, ME
V. Safecor Health, LLC – Rockford, IL
W. Spectrum Vascular – White Plains, NY
X. SpringWorks Therapeutics, Inc – Stamford, CT
Y. Sumitomo Pharma America, Inc – Marlborough, MA

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

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

Z. DePuy Synthes Sales, Inc – Raynham, MA

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

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

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

AA. Pharmalogic Colorado – Aurora, CO

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

BB. All Family Pharmacy – Boca Raton, FL
CC. ASM Home Delivery – Indianapolis, IN
DD. By Blend, LLC – Columbus, OH
EE. Costco Pharmacy #1749 – Central Fill – Everett, WA
FF. Noblesville Low Cost Pharmacy – Noblesville, IN
GG. Omnicare of Spartanburg – Spartanburg, SC
HH. PRO-spectus Health Solutions, LLC – Addison, TX
II. Rx.co Pharmacy, LLC – West Jordan, UT
JJ. Telederm.me – Fishers, IN
KK. The Pharmacy Hub 2, LLC – Davie, FL

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

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

LL. Benny Winland, Jr

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

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

◈ REGULAR AGENDA ◈

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

A. Evergreen Pharmacy	(23-007-PH-S)
B. Paula Lynne Santos	(23-007-RPH-A-S)
C. Nazokat Nigmatova	(23-007-RPH-B-S)
D. Annette Asbury	(23-290-CS-S)
E. Walgreens Pharmacy #03844	(23-401-PH-S)

F. Kerry S. Otero (23-401-RPH-A-S)
G. Kimberly Lai (23-401-RPH-B-S)
H. Walgreens Pharmacy #07841 (23-500-PH-S)
I. Juan Pablo Piedra Flores (23-500-RPH-S)
J. Susan Nytes (24-213-CS-S)
K. Kristin Hestdalen (25-020-CS-N)
L. Bernard Brooks (25-031-RPH-N)
M. Smith's Pharmacy #315 (25-076-PH-S)
N. Octavia Brooks (25-076-RPH-S)
O. Festus Ebonka (25-215-CS-S)
P. David Whitehouse (23-429-RPH-B-S)
Q. Kaveh Kashani (23-104-CS-S)
R. Alex Christopher Spinoso (24-332-CS-S)
S. Michael Stellmacher (24-364-CS-S)
T. Greenbay Specialty Pharmacy (24-384-PH-S)
U. Dametria Williams (25-049-PTT-S)

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

A. Heal Root Digital Inc (22-144-N)

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

A. Total Medical Supply, Inc – Texarkana, TX

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

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

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

A. Evergreen Drugs – Henderson, NV
B. National Health Rx – Las Vegas, NV

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

A. Hephaestus Pharmaceuticals, LLC – Miami, FL
B. Walgreens HUB Solutions #21609 – Pittsburgh, PA

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

    A. Hillcrest Pharmacy, LLC – Midvale, UT
    B. Medivant Healthcare – Phoenix, AZ
    C. Vidrine Pharmaceutical Group, LLC – Lake Charles, LA

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

    A. Packaging Coordinators, Inc – Philadelphia, PA – Background Check Not Required by Law
    B. Patterson Logistic Services, Inc – Dinuba, CA – Background Check Not Required by Law
    C. Patterson Logistic Services, Inc – Boone, IA – Background Check Not Required by Law
    D. Patterson Logistic Services, Inc – Blythewood, SC – Background Check not Required by Law
    E. Patterson Logistic Services, Inc – Kent, WA – Background Check not Required by Law
    F. Patterson Logistic Services, Inc – South Bend, IN – Background Check not Required by Law

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

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

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

    A. Baylee Watkins

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

    A. Romeo Valdez Jr
    B. Steven Mayo Cruz

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

    A. Glenn Park
    B. Jay Selznick
    C. Peter Grimes

◈ WORKSHOP ◈

Thursday, October 16, 2025 – 9:00 am

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

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

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

19. Executive Secretary Report:

    A. Financial Report
    B. Issuance of Temporary Licenses and Registrations
    C. Change of Address Business List
    D. Meetings with Other Health Care Regulatory Boards
    E. Licensing Activities Report
    F. Citations & Fines issued pursuant to NRS 632.2895
    G. Renewal Update
    H. Vaccine Update
    I. 2026 Nevada Board of Pharmacy Yearly Calendar

20. Date and Location of Next Scheduled Board Meeting:

    December 3-4, 2025 – Las Vegas, NV

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

22. Adjournment

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

Supporting materials or additional information regarding the meeting may be obtained from

Darlene Nases at (775) 850-1440, email teambc@pharmacy.nv.gov or 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521.

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

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

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
Email: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

BOARD MEETING MINUTES

September 3-4, 2025

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, September 3, 2025, at 9:00 am. The meeting will continue Thursday, September 4, 2025, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

Hyatt Place
1790 E Plumb Lane
Reno, NV 89502

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

Board Members Present:

Helen Park	Krystal Freitas	Richard Tomasso	Adam Porath
Anna Carr	Chanyis Taylor		

Board Members Absent:

Jade Jacobo

Board Staff Present:

David Wuest	Yenh Long	Gregory Zunino	Brett Kandt
Laura Tucker	Todd Weiss	Darlene Nases	Erin Miller
Joe Dodge	Pat Conmay	Ryan Miller	Jessette Phaynarikone
Mui Lee			

Call to Order and Roll Call – Establishment of Quorum

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

Public Comment at September 3, 2025, 9:05 AM

There was no public comment.

1. Approval of July 16-17, 2025, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

Board Action:

Motion: Adam Porath moved to approve the July 16-17, 2025, Board Meeting Minutes.

Second: Krystal Freitas

Action: Passed unanimously.

◈ CONSENT AGENDA ◈

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

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

A. EBI, LLC – Parsippany, NJ
B. Mori Medical Equipment, Inc – Vista, CA
C. Noctrix Health, Inc – Pleasanton, CA

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

Background Check Not Required by Law.

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

D. Amneal Pharmaceuticals, LLC – Glasgow, KY
E. CooperSurgical, Inc – Fort Worth, TX
F. Hill-Rom Company, Inc – Batesville, IN
G. Hill-Rom Company, Inc – Las Vegas, NV
H. Hill-Rom Company, Inc – Sparks, NV
I. Hill-Rom Manufacturing, Inc – St Paul, MN

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J. HSG-Corp – Fort Worth, TX
K. HSG-Corp – Savannah, GA
L. LENZ Therapeutics, Inc – Solana Beach, CA

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

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

M. Arrowhead Pharmaceuticals, Inc – Pasadena, CA
N. Regeneron Pharmaceuticals, Inc – East Greenbush, NY
O. Regeneron Pharmaceutical, Inc – Rensselear, NY
P. Tisalus Life Sciences, Inc – Westminster, CO

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

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

Q. American Pharmaceutical Distributors – Waterford, MI
R. Hilco Vision – Fairfield, OH

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

S. Accelerated Care Plus Leasing, Inc – Reno, NV
T. AirLife – Litchfield Park, AZ
U. Arteriocyte Medical Systems, Inc – Hopkinton, MA
V. Bayer HealthCare, LLC – Berkely, CA
W. Bright Uro, Inc – Irvine, CA
X. Flexicare, Inc – Irvine, CA
Y. Innovative Neurotronics, Inc – Reno, NV
Z. Ivy Technology, LLC – Louisville, KY
AA. Leica Biosystems Imaging, Inc – Vista, CA
BB. Osteal Therapeutics, Inc – Beverly, MA
CC. Radiometer America, Inc – Middleburgh Heights, OH
DD. Rising Pharmaceuticals – East Windsor, NJ
EE. True Marker Pharmaceuticals – Phoenix, AZ
FF. TSC Life US Inc – Greenwood Village, CO
GG. Vitalcare Health Services – Reno, NV

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

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

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

HH. Animal Health International, Inc – Ceres, CA
II. Animal Health International, Inc – Ontario, CA
JJ. Animal Health International, Inc – Ranoke, TX
KK. Animal Health International, Inc – Spanish Fork, UT
LL. Animal Health International, Inc – Twin Falls, ID
MM. Animal Health International, Inc – Visalia, CA
NN. API Expeditors, LLC – Miami, FL
OO. Frontier Dental Supply, Inc – Windsor Mill, MD
PP. Medtronic Logistics, LLC – Loisville, CO
QQ. Medtronic Logistics, LLC – Fort Worth, TX
RR. Medtronic Logistics, LLC – Swedesboro, NJ
SS. Packaging Coordinators, Inc – Croydon, PA
TT. Silver State Medical Supply, LLC – Las Vegas, NV
UU. Stat-Med, Inc – North Las Vegas, NV
VV. TENS Pros – St. Louis, MO

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

WW. Alto Pharmacy – Las Vegas, NV
XX. Community Health Alliance Neil Road Pharmacy – Reno, NV
YY. ER at North Valleys, an Extension of Northern Nevada Medical Center – Sparks, NV
ZZ. Meta Pharmacy Services – Las Vegas, NV
AAA. Renown Pharmacy – Reno, NV
BBB. Smith's Pharmacy #303 – Henderson, NV

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

CCC. Coram CVS/Specialty Infusion Services – San Diego, CA
DDD. Hillstone Pharmacy – Knoxville, TN
EEE. Optimal Balance Pharmacy, LLC – Houston, TX
FFF. RLS (IUSA), Inc – Fullerton, CA
GGG. Turbare Manufacturing – Conway, AR
HHH. WP Pharma Labs – Dallas, TX

4.5 Application for Out-of-State Pharmacy License (NRS 639.2328) – Non-

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Appearance **(FOR POSSIBLE ACTION)**

III. Adegen Pharmacy – Grove City, OH
JJJ. Alto Pharmacy – Denver, CO
KKK. Alto Pharmacy – Plano, TX
LLL. Alto Specialty Pharmacy – Austin, TX
MMM. E-Rxhub – Tampa, FL
NNN. Foundation Pharmacy, LLC – Sunrise, FL
OOO. Medico Pharmacy – Los Angeles, CA
PPP. Praxis Specialty Pharmacy, LLC – Tampa, FL
QQQ. Vibrix Pharmacy – Lindon, UT
RRR. Wedgewood Pharmacy, LLC – Chander, AZ

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

SSS. Medical and Dental Center of Nevada, LLC – Las Vegas, NV

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

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

TTT. Platinum Medical Supplies – Las Vegas, NV

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

Adam Porath recused himself from Item 4AAA.

Krystal Freitas recused herself from Item 4YY.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Consent Agenda with the exception to Items 4AAA and 4YY.

Second: Adam Porath

Action: Passed unanimously.

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Board Action:

Motion: President Park moved to approve Item 4YY of the Consent Agenda.

Second: Adam Porath

Action: Motion passed (Freitas recused).

Board Action:

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

Second: President Park

Action: Motion passed (Porath recused).

◈ REGULAR AGENDA ◈

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

A. McGuff Compounding Pharmacy Services, Inc (23-070-PH-O)
B. McGuff Company, Inc (23-070-WH-O)

Bridget Kelly (Counsel) was present on behalf of McGuff Compounding Pharmacy Services, Inc. and McGuff Company, Inc.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging the California State Board of Pharmacy entered an Order in approving a stipulated settlement for voluntary surrender of Respondent McGuff Compounding Pharmacy's California licenses for numerous violations of federal and California state law related to compounding drug products, and the Board took reciprocal action.

The charges against McGuff Company, Inc. were dismissed as they were not relevant to the issue of violating compounding laws and standards.

The proposed stipulated penalties for McGuff Compounding Pharmacy Services, Inc, License No. PH01563, are the following: 1) Respondent's License No. PH01563 is revoked; 2) Respondent fined $5,000 for the violations; and 3) Respondent assessed $1,000 in attorney's fees and costs.

Board discussion ensued.

Board Action:

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

Second: Chanyis Taylor

Action: Passed unanimously.

H. Injured Workers Pharmacy, LLC (23-428-PH-O)

Lyn Beggs (Counsel) and Brian Benjet (Counsel) were present on behalf of Injured Works Pharmacy, LLC.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Injured Workers Pharmacy engaged in unprofessional conduct and violations of federal law related to dispensing controlled substances.

A copy of the First Amended Notice of Intended Action and Accusation was provided to the Board.

The proposed stipulated penalties for Injured Workers Pharmacy, LLC, License No. PH02281, are the following: Respondent's License No. PH02281 is suspended for a period of one (1) year. The suspension is stayed, and the Respondent is placed on probation for one (1) year subject to the following conditions: 1) Respondent fined $10,000 for the violations; and 2) Respondent assessed $1,000 in attorney's fees and costs.

Board discussion ensued.

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously.

H. Frank Shallenberger (23-515-CS-N)

Lyn Beggs (Counsel) was present on behalf of Frank Shallenberger.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Respondent Shallenberger unlawfully prescribed a controlled substance for his own personal use and failed to properly disclose reportable discipline on his 2024 biennial renewal application for his controlled substance registration.

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The proposed stipulated penalties for Frank Shallenberger, Certificate of Registration No. CS20566, are the following: Respondent's Certificate of Registration No. CS20566 is suspended for a period of one (1) year. The suspension is stayed, and the Respondent is placed on probation for one (1) year subject to the following conditions: 1) the Stipulation and Order is a public reprimand; 2) Respondent fined $5,000 for the violations; and 3) Respondent assessed $1,000 in attorney's fees and costs.

Board discussion ensued.

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously.

N. Smith's Pharmacy #315 (25-076-PH-S)
O. Octavia Loraine Brooks (25-076-RPH-S)
P. Alyssa Mercedes Garcia (25-076-PT-S)

President Park and Chanyis Taylor disclosed that they were familiar with Octavia Brooks but could participate in this matter fairly and without bias.

Octavia Brooks and Lyn Beggs (Counsel) were present.

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

Respondent Alyssa Mercedes Garcia failed to appear.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Garcia diverted 9515 Alprazolam 1mg tablets, 19,908 2mg tablets, and 1,018 Tramadol 50mg tablets from Smith's Pharmacy #315 and Brooks as managing pharmacist failed to comply with Smith's Pharmacy policies and procedures to prevent or guard against theft and misuse of controlled substances.

The proposed stipulated penalties for Smith's Pharmacy #315, License No. PH03897, are the following: 1) Respondent fined $2,500 for the violations; and 2) Respondent assessed $1,000 in attorney's fees and costs.

Board discussion ensued.

The proposed stipulated penalties for Octavia Loraine Brooks, Certificate of Registration No. 20950, are the following: 1) Respondent fined $2,500 for the violations; and 2)

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Respondent assessed $1,000 in attorney's fees and costs.

Board discussion ensued.

Items 5N and 5O were continued to a future Board Meeting.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case alleging that Respondent Garcia diverted 9515 Alprazolam 1mg tablets, 19,908 2mg tablets, and 1,018 Tramadol 50mg tablets.

Mr. Kandt noted that a Summary Suspension against Ms. Garcia's Certificate of Registration No. PT20499 was issued in March 2025.

Mr. Kandt requested that the declarations of service by Board staff be admitted as Exhibits 1 & 2.

President Park admitted Exhibits 1 & 2 into the record.

Mr. Kandt requested the Board to make Findings of Fact consistent with paragraphs 1-7 of the Accusation.

Board Action:

Motion: Krystal Freitas moved to make the Findings of Fact consistent with paragraphs 1-7 of the Accusation.

Second: Adam Porath

Action: Passed unanimously.

Mr. Kandt requested the Board to make Conclusions of Law consistent with paragraphs 8-23 of the Accusation and to find the respondent guilty on all five (5) Counts.

Board Action:

Motion: Krystal Freitas moved to make Conclusions of Law consistent with paragraphs 8-23 of the Accusation and to find the respondent guilty on all five (5) Counts.

Second: Adam Porath

Action: Passed unanimously.

Mr. Kandt requested that a memorandum of attorney's costs and fees be admitted into the record as Exhibit 3.

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President Park admitted Exhibit 3 into the record.

Mr. Kandt requested the Board to revoke Certificate of Registration No. PT20499, and the respondent cannot petition for reinstatement for a period of five (5) years.

Board Action:

Motion: Krystal Freitas moved to revoke Ms. Garcia's Certificate of Registration No. PT20499, and respondent cannot petition for reinstatement for a period of five (5) years.

Second: Chanyis Taylor

Action: Passed unanimously.

Mr. Kandt requested that the Board award attorney's fees and costs in the amount of $2,277.45 due and payable by December 1, 2025, on the basis that they were reasonable, necessary, and actually incurred.

Board Action:

Motion: Krystal Freitas moved to award the attorney's fees and costs in the amount of $2,277.45 due and payable by December 1, 2025, on the basis that they were reasonable, necessary, and actually incurred.

Second: Adam Porath

Action: Passed unanimously.

Mr. Kandt requested for the Order to become effective immediately.

Board Action:

Motion: Krystal Freitas moved for the Order to become effective immediately.

Second: Adam Porath

Action: Passed unanimously.

J. Debra Renee McCurtainMurry (24-131-CS-S)

Debra Renee McCurtainMurry failed to appear.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case based on the California Board of Nursing's revocation of Respondent's California licenses to practice nursing for numerous violations of federal and state law and on the

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basis that Respondent's DEA registration and license with the Nevada State Board of Nursing (NSBN) are no longer active in good standing.

Board discussion ensued.

Mr. Kandt requested that the declaration of service from Board staff be admitted into the record as Exhibit 1.

President Park admitted Exhibit 1 into the record.

Mr. Kandt requested the Board to make Findings of Fact consistent with paragraphs 1-4 of the Accusation.

Board Action:

Motion: President Park moved to make the Findings of Fact consistent with paragraphs 1-4 of the Accusation.

Second: Adam Porath

Action: Passed unanimously.

Mr. Kandt requested the Board to make Conclusions of Law consistent with paragraphs 5-16 of the Accusation and to find the respondent guilty on all five (5) Counts.

Board Action:

Motion: Chanyis Taylor moved to make Conclusions of Law consistent with paragraphs 5-16 of the Accusation and to find the respondent guilty on all five (5) Counts.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt requested that a memorandum of attorney's costs and fees be admitted into the record as Exhibit 2.

President Park admitted Exhibit 2 into the record.

Mr. Kandt requested the Board to revoke Certificate of Registration No. CS31659, and respondent cannot petition for reinstatement for a period of five (5) years.

Board Action:

Motion: Anna Carr moved to revoke Ms. McCurtainMurry's Certificate of

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Registration No. CS31659, and respondent cannot petition for reinstatement for a period of five (5) years.

Second: Adam Porath

Action: Passed unanimously.

Mr. Kandt requested that the Board award attorney's fees and costs in the amount of $1,590.55 due and payable by December 1, 2025, on the basis that they were reasonable, necessary, and actually incurred.

Board Action:

Motion: Krystal Freitas moved to award the attorney's fees and costs in the amount of $1,590.55 due and payable by December 1, 2025, on the basis that they were reasonable, necessary, and actually incurred.

Second: Adam Porath

Action: Passed unanimously.

Mr. Kandt requested for the Order to become effective immediately.

Board Action:

Motion: Krystal Freitas moved for the Order to become effective immediately.

Second: Anna Carr

Action: Passed unanimously.

Q. Ability Prosthetics and Orthotics of Nevada, LLC (23-234-MP-N)

Tom Hartman, Senior Vice President, was present.

Gregory Zunino, Senior General Counsel, prosecuted the case alleging that Ability Prosthetics and Orthotics of Nevada failed to notify the Board of a change in the authorized administrator and controlling interest of the business.

Mr. Zunino stated that Count 3 of the Accusation shall be dismissed and the proposed stipulated penalties for Ability Prosthetics and Orthotics of Nevada, LLC, License No. MP01037, are the following: 1) Respondent's License No. MP01037 is forfeited; 2) Respondent fined $4,000 for the violations, due and payable by October 31, 2025; and 3) Respondent assessed $500 in attorney's fees and costs, due and payable by October 31, 2025.

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Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Stipulation and Order as presented by Mr. Zunino.

Second: Anna Carr

Action: Passed unanimously.

X. Qui Thai (22-476-CS-S)

Qui Thai and Eric Stryker, Esq. were present.

Laura Tucker, General Counsel, prosecuted the case alleging that Respondent Thai failed to comply with the PMP requirements as required by Nevada Law.

The proposed stipulated penalties for Qui Thai, Certificate of Registration No. CS13843, are the following: 1) Respondent to participate in PMP training with Board staff within sixty (60) days of this Order, and to participate in a follow up training within six (6) months; 2) Respondent fined $5,000 for the violations; and 3) Respondent assessed $1,000 in attorney's fees and costs.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order as presented by Ms. Tucker.

Second: Chanyis Taylor

Action: Passed unanimously.

A. Karri Lynn Burgner (22-247-CS-A-N)

Brett Kandt, General Counsel, moved to vacate the Show Cause hearing as respondent paid her fine and attorney's fees and costs.

D. CVS Pharmacy #6625 (23-314-PH-N)
E. Victoreea Harris (23-314-RPH-C-N)

This matter was continued.

F. Samuel Chacon (23-348-CS-N)

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This matter was continued.

G. Revive Rx (23-411-PH-O)

This matter was continued.

K. Abdollah Assad (24-470-CS-N)

This matter was continued.

L. Kristin Hestdalen (25-020-CS-N)

This matter was continued.

M. Bernard Brooks (25-031-RPH-N)

This matter was continued.

R. PharMerica (24-370-PH-N)
S. Camilla Kim (24-370-RPH-N)

This matter was continued.

T. Sean Arora (24-509-CS-N)
U. Cassie Gifford (24-509-PR-A-N)
V. Gabrielle McIntyre (24-509-PR-B-N)
W. Allison Jaggard (24-509-PR-C-N)

This matter was continued.

Y. CVS Pharmacy #9981 (25-034-PH-N)
Z. Joseph Delallo (25-034-RPH-N)

This matter was continued.

15. General Counsel Report

Gregory Zunino (Senior General Counsel for the Nevada Board of Pharmacy) and Brett Kandt (General Counsel for the Nevada Board of Pharmacy) presented.

16. Executive Secretary Report

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

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

B. Prosource Pharmacy – Las Vegas, NV

Jessica Hopper (Managing Member) and Tate Berger (Managing Member) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Pharmacy License for Prosource Pharmacy.

Second: Krystal Freitas

Action: Passed unanimously.

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

C. Jeffrey Kesten

Jeffrey Kesten was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Controlled Substance Registration for Jeffrey Kesten pending PMP training with Board staff prior to receiving his license.

Second: Krystal Freitas

Action: Passed unanimously.

D. Melissa Case

Melissa Case was present.

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The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Controlled Substance Registration for Melissa Case.

Second: Chanyis Taylor

Action: Passed unanimously.

12. Discussion and possible action on request for advisory opinion from Advanced Molecular Compounding LLC (NAC 639.150) **(FOR POSSIBLE ACTION)**

Justin Curnutt and Troy Curnutt were present on behalf of Advanced Molecular Compounding LLC.

Gregory Zunino presented background on the item for the Board.

Board discussion ensued.

Board Action:

Motion: President Park moved to direct Executive Secretary Wuest accept the Advisory Opinion as written by Gregory Zunino..

Second: Adam Porath

Action: Passed unanimously.

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

D. Fix My Oxygen, LLC – Las Vegas, NV

Ken Beasley, Respiratory Therapist, was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Nevada Medical, Devices,

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Equipment and Gases License for Fix My Oxygen, LLC.

Second: Adam Porath

Action: Passed unanimously.

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

A. Avrio Pharmacy – Scottsdale, AZ

Keith Barron, President, was present.

The Board heard testimony and asked questions of the applicant.

Chanyis Taylor was excused from the meeting at 2:58 PM.

Board discussion ensued.

Board Action:

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

Second: Anna Carr

Action: Passed unanimously.

Public comment at September 3, 2025, at 3:07 PM:

There was no public comment.

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

Board Members Present:

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

Board Staff Present:

David Wuest	Yenh Long	Gregory Zunino	Brett Kandt
Laura Tucker	Ryan Miller	Darlene Nases	Erin Miller
Joe Dodge	Pat Conmay	Mui Lee	Jessette Phaynarikone

Call to Order and Roll Call – Establishment of Quorum

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

Public comment at September 4, 2025, at 9:04 AM:

Leanna Oswold and the P1 class from Roseman University were present.

◈ WORKSHOP ◈

Thursday, September 4, 2025 – 9:00 am

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

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

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

President Park opened the floor for public comment.

The following person(s) offered public comment:

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

Victoria Kroeger, Manager of Pharmacy Affairs for Walgreens.

Lorri Walmsley, Director of Pharmacy Affairs for Walgreens.

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

Jeffrey Bezard, Pharmacist for Walgreens.

Tabatha Salgado, Pharmacist for CVS Health.

Liz McMenamin, Retail Association of Nevada.

Steven Ohata, Pharmacy Manager for Walgreens.

Chanyis Taylor was excused from the meeting at 10:23 AM.

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Matthew Christensen, Independent Pharmacist.

Mikael Krueger, Pharmacist.

Michaela Claybrook, P1 student at Roseman University.

Joshua Koroghli, Pharmacist and Owner of Vesper Specialty Pharmacy.

Nichole Baker, Pharmacist.

Andrea Adams, Pharmacist.

Gener Tejero, Pharmacist.

Lisa Momodu, Pharmacist.

Chanyis Taylor returned to the meeting at 10:45 AM.

Leiana Oswald, Pharmacist and Pharmacy Professor for Roseman University.

Holly Prievo, Health Care Supervisor for Walgreens.

Board discussion ensued.

President Park opened the floor for public comment in response to Board Member Richard Tomasso's statement.

Rob Geddes commented on Richard Tomasso's statement.

Chanyis Taylor left the meeting at 11:51 AM.

Lorri Walmsley, Director of Pharmacy Affairs for Walgreens, commented.

Board discussion ensued.

This matter was continued to a future Board Meeting.

Jade Jacobo was excused from the meeting at 11:58 AM.

Chanyis Taylor, Nevada State Board of Pharmacy Board Member, commented on the regulation.

A. A REGULATION relating to the authority of a homeopathic physician who is not licensed as an allopathic or osteopathic physician in Nevada to possess,

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administer, prescribe and dispense controlled substances and dangerous drugs; and providing other matters properly relating thereto.

David Wuest (Executive Secretary for the Nevada Board of Pharmacy) and Brett Kandt (General Counsel for the Nevada Board of Pharmacy) presented the proposed regulation to the Board.

President Park opened the floor for public comment.

The following person(s) offered public comment:

Melvin Nario, Vice President of Nevada State Board of Medical Examiners.

This matter was continued to a future Board Meeting.

13. Presentation on 83rd (2025) Session of the Nevada Legislature by Mike Hillerby **(INFORMATIONAL ONLY – NO ACTION)**

Mike Hillerby presented.

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

   A. Advanced Prosthetics & Orthotics – Henderson, NV
   B. Advanced Prosthetics & Orthotics – Las Vegas, NV

Tony Gorgun, Owner, was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

This matter was continued.

   C. Advanced Prosthetics & Orthotics – Pahrump, NV

This matter was withdrawn.

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

   A. Eric Disbrow

Eric Disbrow was present.

The Board heard testimony and asked questions of the applicant.

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Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Controlled Substance Registration for Eric Disbrow.

Second: Krystal Freitas

Action: Passed unanimously.

B. Jeffrey C. Backofen

Jeffrey Backofen was present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Controlled Substance Registration for Schedules II-V for Jeffrey C. Backofen, with the condition that his Controlled Substance Registration mirrors the condition on his license to practice osteopathic medicine imposed by the Nevada Osteopathic Board, which includes quarterly reports from his PRN program submitted to Board staff.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. National Health Rx – Las Vegas, NV

Joey Gilbert, Esq. (Counsel), Massimo Cavallaro (Owner), and Joe Louis (Compliance Officer) were present.

Board discussion ensued.

This matter was continued.

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

   D. Advanced Prosthetics & Orthotics – Henderson, NV
   E. Advanced Prosthetics & Orthotics – Las Vegas, NV

Tony Gorgun (Owner), Nathan Gorgun (Administrator), and Vikram Choudhary (Owner) were present.

The Board heard testimony and asked questions of the applicant.

Board discussion ensued.

Board Action:

Motion: Adam Porath moved to approve the Medical, Devices, Equipment and Gases License, change of ownership, and change of location for Advanced Prosthetics & Orthotics – Henderson, NV and the Medical, Devices, Equipment and Gases License for Advanced Prosthetics & Orthotics – Las Vegas, NV.

Second: Anna Carr

Action: Passed unanimously.

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

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

This matter was continued.

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

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

This matter was continued.

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

This matter was continued.

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

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This matter was continued.

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

This matter was continued.

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

This matter was continued.

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

This matter was continued.

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

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

This matter was continued.

17. Public Comment

President Park opened the floor for public comment at 2:33 PM.

This was no public comment.

18. Date and Location of Next Scheduled Board Meeting:

October 15-16, 2025 – Las Vegas, NV

19. Adjournment

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4A

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
■ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*	M P03091	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: North Coast Medical Supply, LLC dba Advanced Diabetes Supply

MDEG Physical Address: 2544 Campbell Place

City: Carlsbad State: CA Zip: 92009

Mailing Address (if different from physical address): 7000 Cardinal Place - QRA Facility Licensing

City: Dublin State: OH Zip: 43017

Telephone: (877) 838-3026 Website: www.northcoastmed.com

Email: licensure@cardinalhealth.com

Name of MDEG Administrator (NAC 639.694): Faafeai Aano

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

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 830am-5pm	■ Tue: 830am-5pm	■ Wed: 830am-5pm	■ Thurs: 830am-5pm	■ Fri: 830am-5pm
☐ Sat:	☐ Sun:	☐ Holidays:		

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

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

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

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

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

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): ADS Buyer, Inc. (Parent Company of North Coast Medical Supply, LLC dba Advanced Diabetes)

Corporation Name: Cardinal Health Inc. (Ultimate Holding Company)

Mailing Address: 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 614-757-5000 Email: licensure@cardinalhealth.com

Contact Person Name: LaToyia Martin

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Keegan David Chamberlain

Print Name of Authorized Person Submitting Application

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

02/20/2025

Date

Board Use Only	Date Received: 2/24/25	Amount: $500 ck 10924257

Nevada BOP DME Application for
North Coast Medical Supply, LLC dba Advanced Diabetes Supply ("NCMS")

Section 3: List of all Medicare and Medicaid Provider Numbers

1. That certain PTAN No. 4585730001, issued to NCMS by the Centers for Medicare & Medicaid Services.

2. That certain Alabama Medicaid Provider No. 131007, issued to NCMS by the Alabama Medicaid Agency.

3. That certain Alaska Medicaid Provider No. 1022009, issued to NCMS by the Alaska Medicaid Health Enterprise.

4. That certain Arkansas Medicaid Provider No. 156153741, issued to NCMS by the Arkansas Department of Human Services.

5. That certain Arizona Medicaid Provider No. 327976, issued to NCMS by the Arizona Health Care Cost Containment System.

6. That certain California Medicaid Provider No. PHA466150, issued to NCMS by the California Department of Health Care Services.

7. That certain Colorado Medicaid Provider No. 66223334, issued to NCMS by the Colorado Department of Health Care Policy and Financing.

8. That certain Colorado Medicaid Provider No. 66223334, issued to NCMS by the Colorado Department of Health Care Policy and Financing.

9. That certain Connecticut Medicaid Provider No. 008106921, issued to NCMS by the Connecticut Medical Assistance Program.

10. That certain Delaware Medicaid Provider No. 250692677, issued to NCMS by the Delaware Health and Social Services Division of Medicaid & Medical Assistance.

11. That certain Hawaii Medicaid Provider No. 639106, issued to NCMS by the Hawaii Department of Human Services.

12. That certain Idaho Medicaid Provider No. 8067660, issued to NCMS by the Idaho Department of Health and Welfare.

13. That certain Illinois Medicaid Provider No. 223865781001, issued to NCMS by the Illinois Department of Healthcare and Family Services.

14. That certain Indiana Medicaid Provider No. 300051469, issued to NCMS by the Indiana Family and Social Service Administration.

15. That certain Iowa Medicaid Provider No. 0201656, issued to NCMS by the Iowa Department of Health and Human Services.

16. That certain Kansas Medicaid Provider No. 200305450A, issued to NCMS by the State of Kansas.

17. That certain Louisiana Medicaid Provider No. 2160869, issued to NCMS by the Louisiana Bureau of Health Services Financing.

18. That certain Maine Medicaid Provider No. METPID004040, issued to NCMS by the Maine Department of Health and Human Services.

19. That certain Maryland Medicaid Provider No. 209073200, issued to NCMS by the Maryland Department of Health.

20. That certain Michigan Medicaid Provider No. 1245259282, issued to NCMS by the Michigan Department of Health and Human Services.

21. That certain Minnesota Medicaid Provider No. 440650800, issued to NCMS by the Department of Human Services of Minnesota.

22. That certain Montana Medicaid Provider No. 5607459, issued to NCMS by the Montana Department of Public Health and Human Services.

23. That certain Montana Medicaid Provider No. 1811097504, issued to NCMS by the Montana Department of Public Health and Human Services.

24. That certain Nevada Medicaid Provider No. 100519601, issued to NCMS by the Nevada Department of Health and Human Services.

25. That certain New Hampshire Medicaid Provider No. 3132477, issued to NCMS by the New Hampshire Department of Health and Human Services.

26. That certain New Jersey Medicaid Provider No. 0224529, issued to NCMS by the New Jersey Department of Human Services.

27. That certain New Mexico Medicaid Provider No. 46479376, issued to NCMS by the New Mexico Human Services Department.

28. That certain New York Medicaid Provider No. 03132065, issued to NCMS by the New York State Department of Health.

29. That certain North Carolina Medicaid Provider No. 1245259282, issued to NCMS by the North Carolina Department of Health and Human Services.

30. That certain Ohio Medicaid Provider No. 2518547, issued to NCMS by the Ohio Department of Medicaid.

31. That certain Oklahoma Medicaid Provider No. 200345030B, issued to NCMS by the Oklahoma Health Care Authority.

32. That certain Oregon Medicaid Provider No. 275400, issued to NCMS by the Oregon Department of Human Services.

33. That certain Pennsylvania Medicaid Provider No. 102103055-0002, issued to NCMS by the Pennsylvania Department of Human Services.

34. That certain Rhode Island Medicaid Provider No. 1245259282, issued to NCMS by the Rhode Island Department of Human Services.

35. That certain South Carolina Medicaid Provider No. DM1426, issued to NCMS by the South Carolina Department of Health and Human Services.

36. That certain South Dakota Medicaid Provider No. 1245259282, issued to NCMS by the South Dakota Department of Social Services.

37. That certain Tennessee Medicaid Provider No. 4582355, issued to NCMS by the Tennessee Division of TennCare.

38. That certain Texas Medicaid Provider No. 168490401, issued to NCMS by Texas Health and Human Services.

39. That certain Utah Medicaid Provider No. 223865781001, issued to NCMS by the Utah Department of Health and Human Services.

40. That certain Vermont Medicaid Provider No. 1019312, issued to NCMS by the Department of Vermont Health Access.

41. That certain Virginia Medicaid Provider No. 1245259282, issued to NCMS by the Virginia Department of Medical Assistance Services.

42. That certain Washington Medicaid Provider No. 9053844, issued to NCMS by the Washington Department of Social and Health Services.

43. That certain Wisconsin Medicaid Provider No. 100150252, issued to NCMS by the Wisconsin Department of Health Services.

44. That certain Wyoming Medicaid Provider No. 131586200, issued to NCMS by the Wyoming Department of Health.

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/27/2025

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

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

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

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	XL Insurance America Inc	24554
INSURER B:	XL Specialty Insurance Co	37885
INSURER C:	Greenwich Insurance Company	22322
INSURER D:	Indian Harbor Insurance Company	36940
INSURER E:		
INSURER F:		

INSURED
Cardinal Health, Inc.
(See Additional Page)
7000 Cardinal Place
Dublin OH 43017 USA

COVERAGES **CERTIFICATE NUMBER:** 570113739408 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			RGD943716720	06/30/2025	06/30/2026	EACH OCCURRENCE	$5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	$5,000,000
							GENERAL AGGREGATE	$5,000,000
							PRODUCTS - COMP/OP AGG	Excluded
							Liquor Liability Lim	Included
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY In			RAD943716820	06/30/2025	06/30/2026	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION			US00092147LI25A SIR applies per policy terms & conditions	06/30/2025	06/30/2026	EACH OCCURRENCE	$5,000,000
							AGGREGATE	$5,000,000
							Products/Completed O	Excluded
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	RWD943512520 (AOS)	06/30/2025	06/30/2026	X PER STATUTE OTH-ER	
A				RWR943512620 (WI)	06/30/2025	06/30/2026	E.L. EACH ACCIDENT	$5,000,000
							E.L. DISEASE-EA EMPLOYEE	$5,000,000
							E.L. DISEASE-POLICY LIMIT	$5,000,000
D	E&O - Professional Liability - Primary			RGD943797706 E&O SIR applies per policy terms & conditions	06/30/2025	06/30/2026	Loss Limit	$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Professional Liability policy is claims Made.

CERTIFICATE HOLDER

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc

Holder Identifier :

Certificate No : 570113739408

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CardinalHealth™

June 30, 2025

To whom it may concern:

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

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

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

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

Denise Johnston
Director, Risk Management

JPK/as

enc.

AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570113739408	
CARRIER: See Certificate Number: 570113739408 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		RWR300142407 (AK)	06/30/2025	06/30/2026		
	OTHER							
B	Excess Workers Compensation			RWE943514320 Xs Work Comp - OH SIR applies per policy terms & conditions	06/30/2025	06/30/2026	EL Each Accident	$4,500,000
							EL Disease - Ea Empl	$4,500,000

ACORD 101 (2008/01)
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AGENCY CUSTOMER ID: 570000070825

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570113739408	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570113739408	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

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

Evidence of Coverage

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

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

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

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570113739408	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570113739408	

ADDITIONAL REMARKS

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

Named Insured Listing

Named Insured Listing includes but is not limited to the following:
A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Acuity GPO, LLC
ADS Parent, LLC
ADS Interco, Inc.
ADS Buyer, Inc.
Aero-Med, LLC
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance Healthcare (Labuan) Pte. Ltd.
Allegiance I, LLC
Allegiance Labuan Holdings Pte. Ltd.
C. International, Inc.
Cardinal Distribution Holding Corporation - I
Cardinal Distribution Holding Corporation - II
Cardinal Health (Shanghai) Medical Devices Co., Ltd.
Cardinal Health 100, LLC
Cardinal Health 104 LP
Cardinal Health 105, LLC
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 133, Inc.
Cardinal Health 134, LLC
Cardinal Health 135, LLC
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, LLC
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 23 Funding, LLC
Cardinal Health 23, LLC
Cardinal Health 242, LLC
Cardinal Health 247, Inc.

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570113739408	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570113739408	

ADDITIONAL REMARKS

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

Named Insureds Continued

Cardinal Health 249, LLC
Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BV
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Global Contracting Company Limited
Cardinal Health Holding International, Inc.
Cardinal Health Holdings Hungary Kft.
Cardinal Health International India Pvt. Ltd.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health K.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.a.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Cooperatie U.A.

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570113739408	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570113739408	

ADDITIONAL REMARKS

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

Named Insureds Continued

Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
MosaicGPO, LLC
mscripts Holdings, LLC
mscripts, LLC
Nautic Specialty Networks VIII-A Bocker, LLC
Navista Investments, LLC
Navista Network Holding, LLC
Navista Network, LLC
North Coast Medical Supply, LLC DBA Advanced Diabetes Supply
One Cloverleaf, LLC
OptiFreight Holdings, LLC
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Precision Point Specialty, LLC
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
ScalaMed Pty Ltd
Sierra Radiopharmacy, L.L.C.
SN Buyer, LLC
SN Funding, LLC
SN Intermediate, Inc.
SOAR Network, LLC
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
Specialty Networks Consulting, LLC
Specialty Networks Research, LLC
Specialty Networks Urology Registry, LLC
Specialty Networks, LLC
The Harvard Drug Group, L.L.C.
Traverse GPO, LLC
United Rheumatology NY IPA I, LLC
United Rheumatology, LLC
United States Medical Supply, LLC
US Med, LLC
United States Med Direct, LLC
UR Nice, LLC
UroGPO, LLC
US Med Buyer, Inc.
US Med Acquisition, Inc.
Velocare, LLC
Wavemark Cyprus Pvt. Ltd.
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570113739408	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570113739408	

ADDITIONAL REMARKS

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

Named Insureds Continued

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

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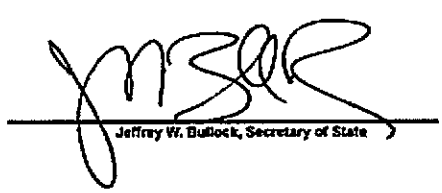
Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTH COAST MEDICAL SUPPLY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTH COAST MEDICAL SUPPLY, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2020.

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



4462891 8300

SR# 20244394138

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

Authentication: 205037945

Date: 12-05-24

Secretary of State
Certificate of Status

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

Entity Name:	NORTH COAST MEDICAL SUPPLY, LLC
Entity No.:	202103210235
Registration Date:	01/19/2021
Entity Type:	Limited Liability Company - Out of State
Formed In:	DELAWARE
Status:	Active

The above referenced entity is active on the Secretary of State's records and is qualified to transact intrastate business in California.

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

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

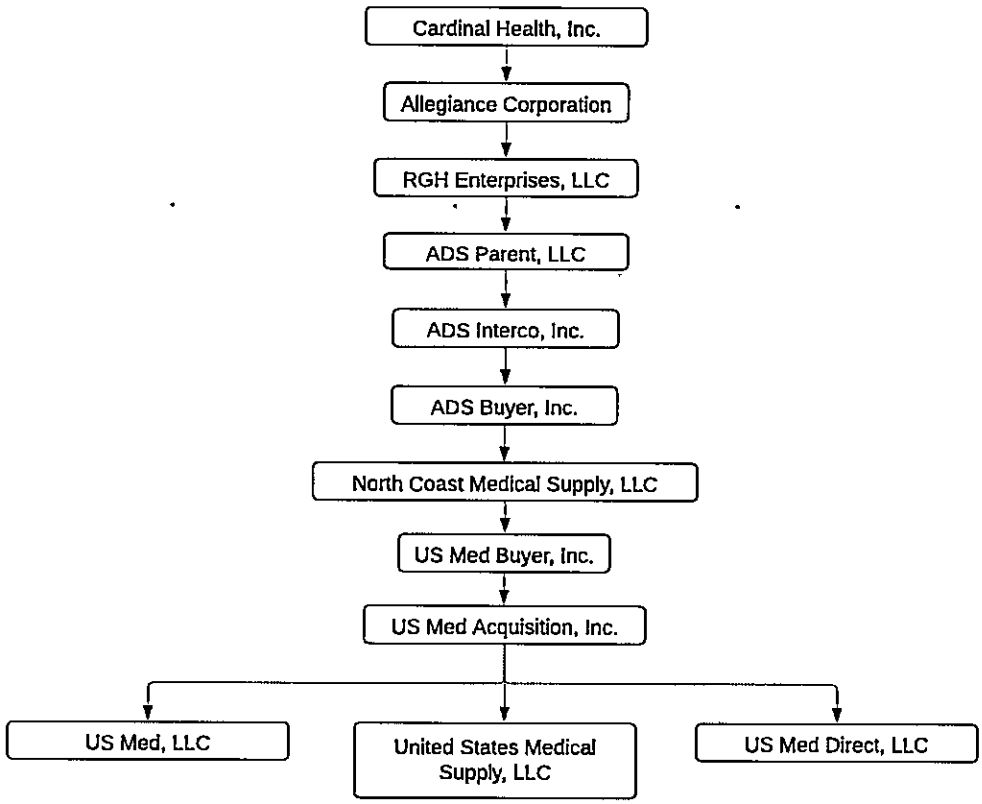
IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 05, 2024.

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

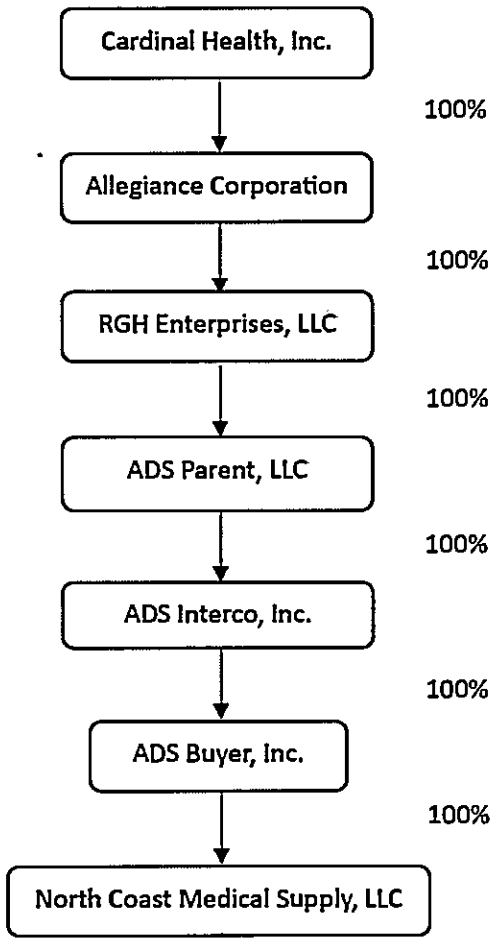
Certificate No.: 272044728

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

Cardinal Health –Legal Entity Structure (Post-Close)



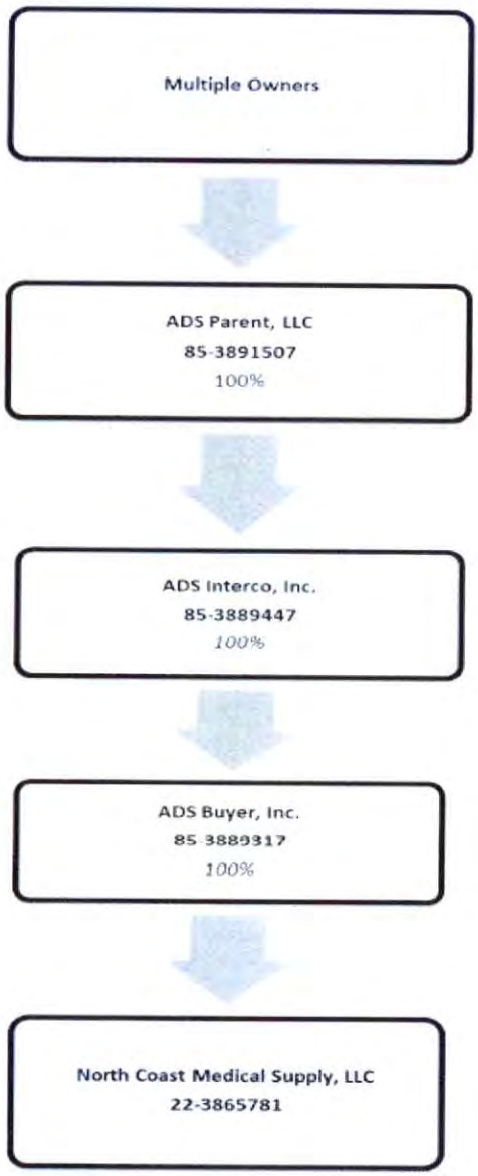
Post-Closing Organizational Chart



Attachment A

ADS – Entity Application Information (Pre-Close)

Ownership Chart



Nevada BOP DME Application for
North Coast Medical Supply, LLC dba Advanced Diabetes Supply

List of all Officers and Directors

Officer/Director Name	Title
Robert Evan Schlissberg	President
Keegan David Chamberlain	Director
John Henry Martin Jr.	SVP, Tax
Brent Matthew Withrow	Asst. Treasurer
Anthony F. Alvarez	Secretary

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

North Coast Medical Supply LLC
2544 Campbell Place
Carlsbad, CA 92009

LICENSE NUMBER: 114513
EXPIRATION DATE: 8/19/2026

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

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

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG North Coast Medical Supply, LLC dba Advanced Diabetes MDEG License # (if applicable) P03091

Physical Address 2544 Campbell Place

City Carlsbad State CA Zip 92009

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877-838-3026 Website www.northcoastmed.com

Licensing Company Email Licensing@northcoastmed.com

Section 2: Personal Information

First Faafeai Middle S Last Aano

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip 92009

Telephone [redacted] Email LAano@northcoastmed.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Maric College		12/98-08/99	
Address	**City**	**State**	**Zip**
2030 University Drive	Vista	CA	92083
Diploma/Degree obtained, if any			
Medical Administrative Assistant			

School Name		From - To (MM/YY – MM/YY)	
El Camino High School		09/95-06/98	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/12-Current	[redacted]	[redacted]	[redacted]	920057
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
North Coast Medical Supply, LLC dba Advanced Diabetes Supply			09/09-Current	
Business Address		**City**	**State**	**Zip**
2544 Campbell Place		Carlsbad	CA	92009
Phone	**Title**		**Number of Employed Hours**	
760-579-7259	Director of Compliance		31,200	
Description of Duties				
Overseeing the implementation and delivery of strategic initiatives to ensure our organization is in compliance with HIPAA, accreditation standards, and relevant laws and regulatory requirements.				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

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

I, Faafeai Aano, **certify that as the MDEG Administrator for**

North Coast Medical Supply, LLC dba Advanced Diabetes Supply,

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

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

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

Faafeai Aano
Print Name (First, Last)

Faafeai Aano
Original Signature (electronic, copies or stamps not accepted)

02/06/2025
Date

Board Use Only	Date Received: 2/24/25

4B

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

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

Section 1: General Information

Facility Name: Giving Home Medical Equipment,LLC

MDEG Physical Address: 8601 Cross Park Dr. Ste 200

City: Austin State: TX Zip: 78754

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-718-7772 Website: www.givinghomehealthcare.com/giving-hme

Email: price.wooding@givinghme.com

Name of MDEG Administrator (NAC 639.694): Price Wooding

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

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

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

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

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

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

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): New Giving Aquisitions, Inc

Corporation/Organization Name: Giving Home Medical Equipment, LLC

Mailing Address: 835 W 6th St Ste 1450

City: Austin State: TX Zip: 78703

Telephone: 888-718-7772 Email: price.wooding@givinghme.com

Contact Person Name: Price Wooding

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Price Wooding

Print Name of Authorized Person Submitting Application

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

08/20/2025

Date

Board Use Only	Date Received: 8/20/25	Amount: 500-CC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/26/2025

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

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

PRODUCER Alliant Insurance Services, Inc. 353 N. Clark St., 11th Fl Chicago IL 60654 License#: 0C36861	**CONTACT NAME:** Tyler Takahashi **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** Tyler.Takahashi@alliant.com
INSURED NEWGIVI-01 Giving Home Medical Equipment LLC 835 W 6th Street, Suite 1450 Austin, TX 78703	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Technology Insurance Company I — 42376 **INSURER B :** Lloyd's of London — 0 **INSURER C :** Security National Insurance Co — 19879 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1468765672 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			BSO0140513752	9/26/2025	9/26/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 250,000 $ 5,000 $ 1,000,000 $ 4,000,000 $ 4,000,000
B	**AUTOMOBILE LIABILITY** ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			BSO0140513752	9/26/2025	9/26/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
C A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		SWC1590727 TWC4669097	9/26/2025 9/26/2025	9/26/2026 9/26/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
B	Professional Liab.			BSO0140513752	9/26/2025	9/26/2026	Each Claim/Agg.	$1,000,000

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

Austin, Texas Headquarters: 835 West Sixth Street, Ste. 1450 Austin, Texas 78703
Austin, Texas Main Warehouse Location: 8601 Cross Park Drive, Ste. 200 Austin, Texas 78754
Las Vegas, Nevada Local Warehouse Location: 51 North Pecos Road, Ste. 106 Las Vegas, Nevada 89101

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno NV 89521

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GIVING HOME MEDICAL EQUIPMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF AUGUST, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GIVING HOME MEDICAL EQUIPMENT, LLC" WAS FORMED ON THE TWENTIETH DAY OF JUNE, A.D. 2024.

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

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

4001655 8300

SR# 20253701234

Authentication: 204500538

Date: 08-18-25

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

Responsible Party Listing

Executive Officers of Applicant - Giving Home Medical Equipment, LLC

First Name: Lew

Last Name: Little, Jr.

Social Security Number: [redacted]

Title: President and Chief Executive Officer

Mailing Address: 835 W 6th Street, Ste. 1450

City, State, and Zip Code: Austin, TX 78703

Phone Number: [redacted]

Email Address: lewl@givinghhc.com

Ownership: ~3.4% of New Giving Acquisition, Inc. (parent of applicant)

First Name: Stefanie

Last Name: Cavanaugh

Social Security Number: [redacted]

Title: Chief Financial Officer

Mailing Address: 835 W 6th Street, Ste. 1450

City, State, and Zip Code: Austin, TX 78703

Phone Number: [redacted]

Email Address: stefaniec@givinghhc.com

Ownership: ~1.4% of New Giving Acquisition, Inc. (parent of applicant; not fully vested)

First Name: Benjamin

Last Name: Hanson

Social Security Number: [redacted]

Title: Chief Operating Officer

Mailing Address: 835 W 6th Street, Ste. 1450

City, State, and Zip Code: Austin, TX 78703

Phone Number: [redacted]

Email Address: bhanson@givinghhc.com

Ownership: ~3.3% of New Giving Acquisition, Inc. (parent of applicant)

First Name: Price

Last Name: Wooding

Social Security Number: [redacted]

Title: Executive Director

Mailing Address: 8601 Cross Park Drive, Ste. 200

City, State, and Zip Code: Austin, TX 78754

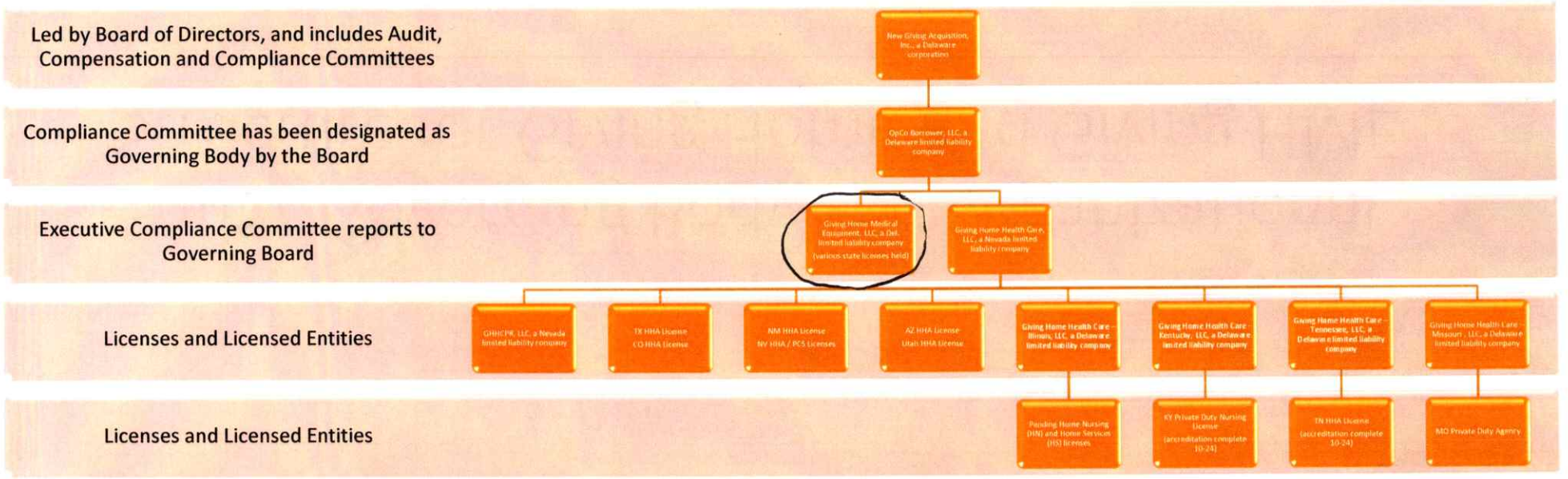
Phone Number: [redacted]

Email Address: price.wooding@givinghme.com

Ownership: None

GIVING
HOME HEALTH CARE

Entity and Governing Body Structure



Giving Home Medical Equipment, LLC (a Delaware limited liability company, registered to do business in Nevada, among other states, with its main warehouse located in Austin, Texas) ("GHME") is the applicant for purposes of the NV State Board of Pharmacy. GHME, like its immediate parent company, OpCo Borrower, LLC (outlined above), are disregarded entities for federal and state tax purposes. OpCo Borrower, LLC is owned 100% by New Giving Acquisition, Inc. ("NGAI") and the executive officers of the applicant, GHME – listed in the materials included herewith – have ownership in NGAI equal to the percentages set forth next to each of their respective names.

Entity, Governing Body and Organizational Structure for Giving Home and Giving HME

AUGUST 2025

- Please contact Drugs and Food Safety Licensing Branch at (512) 834-6727 immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **https://www.dshs.texas.gov/medical-device-manufacturers-distributors.**
- Please submit written notice if you close or sell your business. You can email us at drugs-foodsafety@dshs.texas.gov.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drugs and Food Safety Licensing Branch at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey.** The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

GIVING HOME MEDICAL EQUIPMENT LLC
8601 CROSS PARK DR STE 200
AUSTIN TX 78754

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

GIVING HOME MEDICAL EQUIPMENT LLC

8601 CROSS PARK DR STE 200
AUSTIN, TX 78754

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

DEVICE DISTRIBUTOR

License # 1003514
Expires: September 8, 2026

NON-TRANSFERABLE

M. Hellerstedt, MD
Commissioner

5146573

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Giving Home Medical Equipment, LLC** as a FOREIGN LIMITED-LIABILITY COMPANY duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 07/02/2024, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 08/18/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202508186006948
You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Giving Home Medical Equipment MDEG License # (if applicable) _____

Physical Address 8601 Cross Park Dr Ste 200

City Austin State TX Zip 78754

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-71 Website _____

Licensing Company Email Admin@GivingHME.com

Section 2: Personal Information

First Price Middle _____ Last Wooding

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip 78759

Telephone [redacted] Email Price.Wooding@GivingHME.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Mesa College		09/06 – 03/08	
Address	**City**	**State**	**Zip**
7250 Mesa College Dr	San Diego	CA	92111
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Clairemont High School		09/02 – 06/06	
Address	**City**	**State**	**Zip**
4150 Ute Dr	San Diego	CA	92117
Diploma/Degree obtained, if any			
HS Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/24 –	[redacted]	[redacted]	[redacted]	78759
08/19 – 08/24				80226
10/18 – 07/19				78227
05/18 – 09/18				76109
07/16 – 04/18				92116
05/15 – 06/16				91977
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name		From - To (MM/YY – MM/YY)	
Giving Home Medical Equipment		10/24 –	
Business Address	**City**	**State**	**Zip**
8601 Cross Park Dr Ste 200	Austin	TX	78754
Phone	**Title**	**Number of Employed Hours**	
888-718-7772	Executive Director	1744	
Description of Duties			
Managing all aspects of business development and patient fulfillment, Including record keeping, policy/procedure aderence, and compliance.			

Business Name		From - To (MM/YY – MM/YY)	
Brace Yourself, LLC		9/20 - 10/22	
Business Address	**City**	**State**	**Zip**
730 17th St Ste 900	Denver	CO	80202
Phone	**Title**	**Number of Employed Hours**	
888-958-7505	Owner-Operator	5224	
Description of Duties			
Policy/Procedure development, Legend Equipment Managing/Tracking, Patient fulfillment, Billing and accounting.			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/23/2020	06/24/2020	CO	Lakewood	Jefferson
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
L679917		City of Lakewood		
Reason/Charge				
9.50.040				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below:

Successfully completed early pre-trial diversion following arrest for domestic assault/harassment.

Original Signature (electronic, copies or stamps not accepted)

08/16/2025
Date

I, Price Wooding, **certify that as the MDEG Administrator for** Giving Home Medical Equipment,

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

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

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

Price Wooding
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/16/2025
Date

Board Use Only	Date Received:

MUNICIPAL COURT, JEFFERSON COUNTY, STATE OF COLORADO Court Address: **Lakewood Municipal Court** Public Safety Building 445 S Allison Parkway Lakewood, Colorado 80226 Phone Number: (303) 987-7400	σ **COURT USE ONLY** σ Case Number: L679917
CITY OF LAKEWOOD, STATE OF COLORADO, v. Defendant: Price Wooding Date of Birth: [redacted]	CR Number: LK20023096 Division: B

PETITION AND ORDER TO SEAL CRIMINAL JUSTICE RECORDS

I, Price Wooding, petition the court to seal my criminal justice records, except for basic identifying information, of this case pursuant to 24-72-702.5 C.R.S.

I request that the Court send an Order to Seal the Criminal Justice Records in the custody of the following governmental agencies:

- ☒ Lakewood Police Department ☐ _____
- ☒ Colorado Bureau of Investigation (CBI) ☐ _____
- ☒ Lakewood Municipal Prosecutor's Office ☐ _____

Please mark and complete the following that apply:

☐ I was found not guilty of all charges.

☐ The case was dismissed on and the dismissal was not part of a plea agreement in a separate case.

Ξ I completed a diversion program.

☐ I completed a deferred judgment and sentence.

☒ The records in this case do not pertain solely to a traffic offense or traffic infraction.

☒ I paid the $65 Municipal Court sealing fee (the Court can waive if determined indigent). In addition, to this fee, the Colorado Bureau of Investigation (CBI) is authorized under state law to charge "any costs related to the sealing of … criminal justice records subject to the order."

☒ If the case you are requesting to be sealed has a victim protected under 24-4.1.303(11)(b.7) of the Colorado Revised Statutes (C.R.S), then the victim has a right to be heard in a hearing within 42 days to contest your sealing request.

☒ Municipal court employees cannot provide legal advice and you should seek legal counsel if you have questions regarding this process.

I swear or affirm that I have read this Petition and that the statements contained in this Petition are true to the best of my knowledge and belief.

Price Wooding
Price Wooding (Oct 22, 2021 10:09 MDT)
Signature of Defendant Date

[redacted]
Address (street)

[redacted]
Address (city, state and zip code)

[redacted]
Telephone & Email

_____
Signature of Attorney (if applicable) Date

The foregoing Petition to Seal is granted.

11/8/21
Municipal Judge Date

Lakewood
Colorado

Municipal Court

445 South Allison Parkway
Lakewood, Colorado 80226
303.987.7400 Voice
303.987.7447 Fax

YOUR RIGHTS & RESPONSIBILITIES SEALING CRIMINAL RECORDS FOR DISMISSED CASES

A criminal and arrest record, even for a minor offense, can have far-reaching implications. In Colorado, custodians of criminal justice records may allow any person to inspect those records except under limited circumstances.

You may ask the Court to immediately seal your case and that any criminal justice records, except for identifying information, pursuant to 24-72-702.5, C.R.S. if;

- ☒ You were found not guilty of all charges.
- ☒ The case was dismissed, and the dismissal was not part of a plea agreement in a separate case.
- ☒ You completed a diversion program.
- ☒ You completed a deferred judgment and sentence and the deferred judgment and sentence does not pertain to any of the following offenses: An offense concerning the holder of a commercial driver's license or the operator of a commercial motor vehicle pursuant to 42-2-402, C.R.S.
- ☒ The records in this case do not pertain solely to a traffic offense or traffic infraction.
- ☒ You have paid any and all restitution, fines and court courts, late fees, or other fees ordered by the Court, or the Court has vacated such order(s).
- ☒ You have paid the $65 Municipal Court sealing fee (the Court can waive if determined indigent). In addition, to this fee, the Colorado Bureau of Investigation (CBI) is authorized under state law to charge "any costs related to the sealing of … criminal justice records subject to the order."
- ☒ If the case you are requesting to be sealed has a victim protected under 24-4.1.303(11)(b.7) of the Colorado Revised Statutes (C.R.S), then the victim has a right to be heard in a hearing within 42 days to contest your sealing request.

Additional information:

- For additional directions and information please refer to the CBI website: https://www.colorado.gov/pacific/cbi/disposition-update-and-sealing-arrest-record.

- If any other agencies, criminal justice or otherwise, have information related to your case, please provide the Court with the names of those agencies and the Court will send a copy of the Court's Order to Seal to each of those agencies.

- If the Court grants your Motion to Seal, you may legally say that these records do not exist.

Municipal court employees cannot provide legal advice and you should seek legal counsel if you have any questions regarding this process.

Giving Home Medical Equipment

List of Current Employees

Price Wooding

Lucrecia Hernandez

Aldo Holguin

Debra Downey

Courtney Smith

Le'Nae Davis

Abby Gros

Alexander Rodriguez

Ruben Ruiz

Esteban Casas

Nathan Wilson

Frankie Stanford

Laura Escamilla

4C

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

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

Section 1: General Information

Facility Name: Lott Med LLC

MDEG Physical Address: 9700Research Dr STE 151

City: Charlotte State: NC Zip: 28262

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 980-237-2217 Website: https://lottmed.com/contact-us

Email: jbambur@lottmed.com

Name of MDEG Administrator (NAC 639.694): _____

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

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

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare: 7166150001

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

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: Jasmin Bambur

Business Name: Lott Med LLC

Business Address: 9700 Rsearch Dr STE 151

City: Charlotte State: NC Zip: 28262

Telephone: 980-237-2217 Email: Jbambur@lottmed.com

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

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

Jasmin Bambur

Print Name of Authorized Person Submitting Application

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

04/9/2025

Date

Board Use Only	Date Received: 4/15/25	Amount: $500 CK 1020

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/03/2025

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

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

PRODUCER	CONTACT NAME:	
NUTMEG INS AGENCY INC/PHS 76210775 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	PHONE (A/C, No, Ext): (888) 925-3137	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC#
Lott Med LLC 9700 RESEARCH DR STE 151 CHARLOTTE NC 28262-0011	INSURER A: Hartford Underwriters Insurance Company	30104
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR [X] General Liability GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			76 SBU AR9PCE	04/01/2025	04/01/2026	EACH OCCURRENCE	$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$2,000,000
							GENERAL AGGREGATE	$4,000,000
							PRODUCTS - COMP/OP AGG	Excluded
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE -EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	Data Breach - Defense & Liab Covg			76 SBU AR9PCE	04/01/2025	04/01/2026	Limit	$50,000

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDER	CANCELLATION
NSC PO Box 100142 COLUMBIA SC 29202-3142	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Susan L. Castaneda

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THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

March 3, 2025

LOTT MED LLC
9700 RESEARCH DR STE 151
CHARLOTTE NC 28262

Policy Information:

Policy Number:	**76 SBU AR9PCE**

Contact Us

Visit https://business.thehartford.com
24/7 access to pay bills, view policy documents, get your certificate of insurance and more.

Need Help? Chat online or call us at (888) 925-3137. We're here Monday - Friday.

You can find information about your policy enclosed. You can also find this info online at https://business.thehartford.com.

If you have any questions or concerns about what you see, contact us at any of the options listed on this page.

Thanks for choosing us for your business insurance needs.

Sincerely,
The Hartford

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE
(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

LOTT MED, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 8th day of March, 2013

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of April, 2025.

Elaine F. Marshall

Secretary of State

Scan to verify online.

Certification# 123795379-1 Reference# 22921820- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

NORTH CAROLINA BOARD OF PHARMACY

Facility: Lott Med, LLC
Address: 9700 Research Dr Ste 151 Charlotte, NC 28262
Permit Type: DME
Permit #: 03014
Re-Issue Date: 12/10/2024
Expiration Date: 12/31/2025
Person In Charge: JASMIN BAMBUR

NC Law requires notification of address change within 30 days.

PLEASE NOTIFY BOARD OF NAME AND/OR ADDRESS CHANGE

REFER TO YOUR LICENSE NUMBER IN ANY COMMUNICATION

Permit #: 03014

NORTH CAROLINA BOARD OF PHARMACY

2025

Device & Medical Equipment

This is to certify that

LOTT MED LLC

doing business as

Lott Med, LLC

9700 Research Dr Ste 151 Charlotte, NC 28262 Mecklenburg

Has been renewed for the year ending December 31st 2025.

JASMIN BAMBUR

Christopher M. Sain

PRESIDENT

12/10/2024
Re-Issued

EXECUTIVE DIRECTOR

NC Board of Pharmacy, 6015 Farrington Road, Suite 201, Chapel Hill, NC 27517

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Lott Med LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): 03014

Physical Address: 9700 research dr ste 151

City: Charlotte State: NC Zip: 28262

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 980-237-2217 Website:

Licensing Company Email: jbambur@lottmed.com

Section 2: Personal Information

First: Jasmin Middle: Last: Bambur

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

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

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: 28110

Telephone: [redacted] Email: jbambur@lottmed.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Peidmont Highschool		08/19965-06/1999	
Address	**City**	**State**	**Zip**
3006 Sikes Mill RD	Monroe	NC	28110
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
UNC Charlotte		08/1999-12/2003	
Address	**City**	**State**	**Zip**
9201 University City Blvd	Charlotte	NC	28223
Diploma/Degree obtained, if any			
Business			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2005-08/2008	[redacted]	[redacted]	[redacted]	27604
From - To (MM/YY – MM/YY)				Zip
09/2008-03-2016				28105
From - To (MM/YY – MM/YY)				Zip
03/2016-current				28110
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name		From - To (MM/YY – MM/YY)	
Lott Med LLC		03/2013-curren	
Business Address	**City**	**State**	**Zip**
9700 Research Dr STE 151	Charlotte	NC	28262
Phone	**Title**		
980-237-2217	Owner		
Description of Duties			
Durable medical equipment company oversee all operations making everything runs smooth between insurance companies and patients obtaining their urologic supplies or wound care supplies			

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

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

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

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

Continue on next page if additional space is needed.

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

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

This is in response to Question # N/A **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

N/A

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

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

Jasmin Bambur

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/09/2025

Date

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

State of COLORADO, ss. County of JEFFERSON

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

Original Signature

4/9/25

Date

Subscribed and Sworn to before me this 9th day of April 2025

Notary Public Signature

EILEEN ABAD
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20214036681
MY COMMISSION EXPIRES SEPTEMBER 27, 2025

(Seal)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information LOTT MED, LLC

Name of MDEG ~~JASMIN BAMBUR~~ MDEG License # (if applicable) _____

Physical Address 9700 RESEARCH DR. SUITE 151

City CHARLOTTE State NC Zip 28262

Mailing Address (if different from physical address) SAME

City _____ State _____ Zip _____

Telephone 980-237-2217 Website WWW.LOTTMED.COM

Licensing Company Email JBAMBUR@LOTTMED.COM

Section 2: Personal Information

First JASMIN Middle _____ Last BAMBUR

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip 28226

Telephone [redacted] Email JBAMBUR@LOTTMED.COM

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

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

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

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

School Name			From - To (MM/YY – MM/YY)	
UNIVERSITY OF NORTH CAROLINA			1999-2003	
Address: 9201 UNIVERSITY CITY BLVD.	City: CHARLOTTE		State: NC	Zip: 28223
Diploma/Degree obtained, if any: INTERNATIONAL BUSINESS				
School Name: PIEDMONT HIGH			From - To (MM/YY – MM/YY)	
Address: 1619 PIEDMONT SCHOOL RD.	City: MONROE		State: NC	Zip: 28110
Diploma/Degree obtained, if any: HIGH SCHOOL DIPLOMA				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/25-present	[redacted]	[redacted]	[redacted]	28226
08/20-05/25				28110
07/18-08/20				80123
09/08-07/18				80446
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
LOTT MED, LLC			09/21 - current
Business Address	**City**	**State**	**Zip**
9700 RESEARCH DR. #151	CHARLOTTE	NC	28262
Phone	**Title**	**Number of Employed Hours**	
980-237-2217	OWNER 100%	8,320	
Description of Duties			
Customer service, answering calls, new supply trainings, contract specialist, manage employees, compliance.			

Business Name			From - To (MM/YY – MM/YY)
LOTT MED, LLC			03/13 - 09/21
Business Address	**City**	**State**	**Zip**
4147 N. OLD WIRE RD.	SHANNON	NC	28386
Phone	**Title**	**Number of Employed Hours**	
910-835-3924	CEO	15,840	
Description of Duties			
same as above			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

07/29/2025
Date

I, JASMIN BAMBUR, **certify that as the MDEG Administrator for** LOTT MED. LLC,

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

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

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

BAMBUR, JASMIN
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/29/2025
Date

Board Use Only	Date Received: 8/7/25

4D

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
■ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*	M P00897	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: US MED, LLC

MDEG Physical Address: 8491 NW 17th Street, Suite 102

City: Miami State: FL Zip: 33126

Mailing Address (if different from physical address): 7000 Cardinal Place - QRA Facility Licensing

City: Dublin State: OH Zip: 43017

Telephone: (800) 787-6331 Website: www.usmed.com

Email: licensure@cardinalhealth.com

Name of MDEG Administrator (NAC 639.694): Joshua Newmark

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

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9am-5pm	■ Tue: 9am-5pm	■ Wed: 9am-5pm	■ Thurs: 9am-5pm	■ Fri: 9am-5pm
☐ Sat:	☐ Sun:	☐ Holidays:		

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

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

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

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

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

Section 5: Publicly Traded Corporation

State of Incorporation: Florida

Parent Company (if any): US Med Acquisition, Inc. (Parent Company of US MED, LLC)

Corporation Name: Cardinal Health Inc. (Ultimate Holding Company)

Mailing Address: 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 614-757-5000 Email: licensure@cardinalhealth.com

Contact Person Name: LaToyia Martin

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any):

Corporation/Organization Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

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

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

Keegan David Chamberlain

Print Name of Authorized Person Submitting Application

K Chamberlain

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

02/20/2025

Date

Board Use Only	Date Received: 2/24/25	Amount: $500 ck 10092450

Nevada BOP DME Application for
US MED, LLC ("USM")

Section 3: List of all Medicare and Medicaid Provider Numbers

1. That certain PTAN No. 4146440001, issued to USM by the Centers for Medicare & Medicaid Services.

2. That certain PTAN No. 4146440006, issued to USM by the Centers for Medicare & Medicaid Services.

3. That certain PTAN No. 4146440009, issued to USM by the Centers for Medicare & Medicaid Services.

4. That certain Alabama Medicaid Provider No. 137917, issued to USM by the Alabama Medicaid Agency.

5. That certain Alaska Medicaid Provider No. 1624492, issued to USM by the Alaska Medicaid Health Enterprise.

6. That certain Alaska Medicaid Provider No. 1732055, issued to USM by the Alaska Medicaid Health Enterprise.

7. That certain Arkansas Medicaid Provider No. 166398741, issued to USM by the Arkansas Department of Human Services.

8. That certain Arizona Medicaid Provider No. 118097504, issued to USM by the Arizona Health Care Cost Containment System.

9. That certain Arizona Medicaid Provider No. 580258, issued to USM by the Arizona Health Care Cost Containment System.

10. That certain California Medicaid Provider No. 800335220, issued to USM by the California Department of Health Care Services.

11. That certain Colorado Medicaid Provider No. 84857544, issued to USM by the Colorado Department of Health Care Policy and Financing.

12. That certain Colorado Medicaid Provider No. 9000208669, issued to USM by the Colorado Department of Health Care Policy and Financing.

13. That certain Connecticut Medicaid Provider No. 8048206, issued to USM by the Connecticut Medical Assistance Program.

14. That certain Connecticut Medicaid Provider No. 118097504, issued to USM by the Connecticut Medical Assistance Program.

15. That certain D.C. Medicaid Provider No. 31023941, issued to USM by the D.C. Department of Health Care Finance.

16. That certain D.C. Medicaid Provider No. 118097504, issued to USM by the D.C. Department of Health Care Finance.

17. That certain Delaware Medicaid Provider No. 250695597, issued to USM by the Delaware Health and Social Services Division of Medicaid & Medical Assistance.

18. That certain Florida Medicaid Provider No. 016979800, issued to USM by the Florida Agency for Health Care Administration.

19. That certain Florida Medicaid Provider No. 109300000, issued to USM by the Florida Agency for Health Care Administration.

20. That certain Georgia Medicaid Provider No. 003133088A, issued to USM by the Georgia Department of Community Health.

21. That certain Georgia Medicaid Provider No. 118097504, issued to USM by the Georgia Department of Community Health.

22. That certain Hawaii Medicaid Provider No. 118097504, issued to USM by the Hawaii Department of Human Services.

23. That certain Idaho Medicaid Provider No. M8077428, issued to USM by the Idaho Department of Health and Welfare.

24. That certain Idaho Medicaid Provider No. IDTPID019648, issued to USM by the Idaho Department of Health and Welfare.

25. That certain Idaho Medicaid Provider No. 1477046084, issued to USM by the Idaho Department of Health and Welfare.

26. That certain Illinois Medicaid Provider No. 611339483001, issued to USM by the Illinois Department of Healthcare and Family Services.

27. That certain Indiana Medicaid Provider No. 200972060A, issued to USM by the Indiana Family and Social Service Administration.

28. That certain Iowa Medicaid Provider No. 0208753, issued to USM by the Iowa Department of Health and Human Services.

29. That certain Iowa Medicaid Provider No. 1477046084, issued to USM by the Iowa Department of Health and Human Services.

30. That certain Kansas Medicaid Provider No. 200737930A, issued to USM by the State of Kansas.

31. That certain Kansas Medicaid Provider No. 30003948050002, issued to USM by the State of Kansas.

32. That certain Kentucky Medicaid Provider No. 7100038430, issued to USM by the Kentucky Department for Medicaid Services.

33. That certain Louisiana Medicaid Provider No. 2349066, issued to USM by the Louisiana Bureau of Health Services Financing.

34. That certain Maine Medicaid Provider No. 43308110, issued to USM by the Maine Department of Health and Human Services.

35. That certain Maryland Medicaid Provider No. 330208300, issued to USM by the Maryland Department of Health.

36. That certain Massachusetts Medicaid Provider No. 110150820A, issued to USM by the Commonwealth of Massachusetts.

37. That certain Michigan Medicaid Provider No. 4998747, issued to USM by the Michigan Department of Health and Human Services.

38. That certain Michigan Medicaid Provider No. 118097504, issued to USM by the Michigan Department of Health and Human Services.

39. That certain Minnesota Medicaid Provider No. 0000304253, issued to USM by the Department of Human Services of Minnesota.

40. That certain Mississippi Medicaid Provider No. 200000247, issued to USM by the Mississippi Division of Medicaid.

41. That certain Missouri Medicaid Provider No. 629630609, issued to USM by the Missouri Department of Human Services.

42. That certain Nebraska Medicaid Provider No. 10025519700, issued to USM by the Nebraska Department of Health and Human Services.

43. That certain Nebraska Medicaid Provider No. 10025519701, issued to USM by the Nebraska Department of Health and Human Services.

44. That certain Nevada Medicaid Provider No. 100527316, issued to USM by the Nevada Department of Health and Human Services.

45. That certain New Hampshire Medicaid Provider No. 3112960, issued to USM by the New Hampshire Department of Health and Human Services.

46. That certain New Jersey Medicaid Provider No. 0580210, issued to USM by the New Jersey Department of Human Services.

47. That certain New Mexico Medicaid Provider No. 71271279, issued to USM by the New Mexico Human Services Department.

48. That certain New Mexico Medicaid Provider No. 06404723, issued to USM by the New Mexico Human Services Department.

49. That certain New Mexico Medicaid Provider No. 118097504, issued to USM by the New Mexico Human Services Department.

50. That certain New York Medicaid Provider No. 03862815, issued to USM by the New York State Department of Health.

51. That certain North Dakota Medicaid Provider No. 1458965, issued to USM by the North Dakota Department of Health and Human Services.

52. That certain Ohio Medicaid Provider No. 2766396, issued to USM by the Ohio Department of Medicaid.

53. That certain Oklahoma Medicaid Provider No. 200285920A, issued to USM by the Oklahoma Health Care Authority.

54. That certain Oklahoma Medicaid Provider No. 200285920B, issued to USM by the Oklahoma Health Care Authority.

55. That certain Oregon Medicaid Provider No. 218108, issued to USM by the Oregon Department of Human Services.

56. That certain Oregon Medicaid Provider No. 500812968, issued to USM by the Oregon Department of Human Services.

57. That certain Pennsylvania Medicaid Provider No. 1811097504, issued to USM by the Pennsylvania Department of Human Services.

58. That certain Pennsylvania Medicaid Provider No. 102630588-0003, issued to USM by the Pennsylvania Department of Human Services.

59. That certain Rhode Island Medicaid Provider No. 4146440, issued to USM by the Rhode Island Department of Human Services.

60. That certain Rhode Island Medicaid Provider No. 1477046084, issued to USM by the Rhode Island Department of Human Services.

61. That certain Rhode Island Medicaid Provider No. 118097504, issued to USM by the Rhode Island Department of Human Services.

62. That certain South Carolina Medicaid Provider No. DM1260, issued to USM by the South Carolina Department of Health and Human Services.

63. That certain South Carolina Medicaid Provider No. 7Z119, issued to USM by the South Carolina Department of Health and Human Services.

64. That certain South Dakota Medicaid Provider No. 9164650, issued to USM by the South Dakota Department of Social Services.

65. That certain South Dakota Medicaid Provider No. 118097504, issued to USM by the South Dakota Department of Social Services.

66. That certain Tennessee Medicaid Provider No. 4582505, issued to USM by the Tennessee Division of TennCare.

67. That certain Tennessee Medicaid Provider No. Q076765, issued to USM by the Tennessee Division of TennCare.

68. That certain Texas Medicaid Provider No. 198070801, issued to USM by Texas Health and Human Services.

69. That certain Texas Medicaid Provider No. 1669020467, issued to USM by Texas Health and Human Services.

70. That certain Texas Medicaid Provider No. 5738123, issued to USM by Texas Health and Human Services.

71. That certain Utah Medicaid Provider No. 1811097504, issued to USM by the Utah Department of Health and Human Services.

72. That certain Vermont Medicaid Provider No. 1015385, issued to USM by the Department of Vermont Health Access.

73. That certain Vermont Medicaid Provider No. 6711119, issued to USM by the Department of Vermont Health Access.

74. That certain Virginia Medicaid Provider No. 30015225830003, issued to USM by the Virginia Department of Medical Assistance Services.

75. That certain Virginia Medicaid Provider No. 1811097504, issued to USM by the Virginia Department of Medical Assistance Services.

76. That certain Washington Medicaid Provider No. 9060567, issued to USM by the Washington Department of Social and Health Services.

77. That certain Washington Medicaid Provider No. 118097504, issued to USM by the Washington Department of Social and Health Services.

78. That certain West Virginia Medicaid Provider No. 3910005911, issued to USM by the West Virginia Bureau for Medical Services.

79. That certain Wisconsin Medicaid Provider No. 100050570, issued to USM by the Wisconsin Department of Health Services.

80. That certain Wisconsin Medicaid Provider No. 118097504, issued to USM by the Wisconsin Department of Health Services.

81. That certain Wisconsin Medicaid Provider No. 100206449, issued to USM by the Wisconsin Department of Health Services.

82. That certain Wyoming Medicaid Provider No. 20695500, issued to USM by the Wyoming Department of Health.

83. That certain Wyoming Medicaid Provider No. 215649100, issued to USM by the Wyoming Department of Health.

84. That certain Wyoming Medicaid Provider No. 118097504, issued to USM by the Wyoming Department of Health.

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/27/2025

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

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

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

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	XL Insurance America Inc	24554
INSURER B:	XL Specialty Insurance Co	37885
INSURER C:	Greenwich Insurance Company	22322
INSURER D:	Indian Harbor Insurance Company	36940
INSURER E:		
INSURER F:		

INSURED
Cardinal Health, Inc.
(See Additional Page)
7000 Cardinal Place
Dublin OH 43017 USA

COVERAGES **CERTIFICATE NUMBER:** 570113739408 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			RGD943716720	06/30/2025	06/30/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liquor Liability Lim	$5,000,000 $1,000,000 $5,000,000 $5,000,000 Excluded Included
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY In SCHEDULED AUTOS NON-OWNED AUTOS ONLY .			RAD943716820	06/30/2025	06/30/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$5,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION			US00092147LI25A SIR applies per policy terms & conditions	06/30/2025	06/30/2026	EACH OCCURRENCE AGGREGATE Products/Completed O	$5,000,000 $5,000,000 Excluded
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		RWD943512520 (AOS) RWR943512620 (WI)	06/30/2025 06/30/2025	06/30/2026 06/30/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$5,000,000 $5,000,000 $5,000,000
D	E&O - Professional Liability - Primary			RGD943797706 E&O SIR applies per policy terms & conditions	06/30/2025	06/30/2026	Loss Limit	$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Professional Liability policy is claims Made.

CERTIFICATE HOLDER

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc.

Holder Identifier :

Certificate No : 570113739408

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570113739408	
CARRIER: See Certificate Number: 570113739408 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		RWR300142407 (AK)	06/30/2025	06/30/2026		
	OTHER							
B	Excess Workers Compensation			RWE943514320 Xs Work Comp - OH SIR applies per policy terms & conditions	06/30/2025	06/30/2026	EL Each Accident	$4,500,000
							EL Disease - Ea Empl	$4,500,000

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AGENCY	NAMED INSURED
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POLICY NUMBER: See Certificate Number: 570113739408	
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Evidence of Coverage

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

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

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

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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
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See Certificate Number: 570113739408	

ADDITIONAL REMARKS

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Named Insured Listing

Named Insured Listing includes but is not limited to the following:
A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Acuity GPO, LLC
ADS Parent, LLC
ADS Interco, Inc.
ADS Buyer, Inc.
Aero-Med, LLC
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance Healthcare (Labuan) Pte. Ltd.
Allegiance I, LLC
Allegiance Labuan Holdings Pte. Ltd.
C. International, Inc.
Cardinal Distribution Holding Corporation - I
Cardinal Distribution Holding Corporation - II
Cardinal Health (Shanghai) Medical Devices Co., Ltd.
Cardinal Health 100, LLC
Cardinal Health 104 LP
Cardinal Health 105, LLC
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 133, Inc.
Cardinal Health 134, LLC
Cardinal Health 135, LLC
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, LLC
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 23 Funding, LLC
Cardinal Health 23, LLC
Cardinal Health 242, LLC
Cardinal Health 247, Inc.

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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
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CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570113739408	

ADDITIONAL REMARKS

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

Named Insureds Continued

Cardinal Health 249, LLC
Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BV
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Global Contracting Company Limited
Cardinal Health Holding International, Inc.
Cardinal Health Holdings Hungary Kft.
Cardinal Health International India Pvt. Ltd.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health K.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.a.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Cooperatie U.A.

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570113739408	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570113739408	

ADDITIONAL REMARKS

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

Named Insureds Continued

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

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570113739408	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570113739408	

ADDITIONAL REMARKS

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

Named Insureds Continued

Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
MosaicGPO, LLC
mscripts Holdings, LLC
mscripts, LLC
Nautic Specialty Networks VIII-A Bocker, LLC
Navista Investments, LLC
Navista Network Holding, LLC
Navista Network, LLC
North Coast Medical Supply, LLC DBA Advanced Diabetes Supply
One Cloverleaf, LLC
OptiFreight Holdings, LLC
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Precision Point Specialty, LLC
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
ScalaMed Pty Ltd
Sierra Radiopharmacy, L.L.C.
SN Buyer, LLC
SN Funding, LLC
SN Intermediate, Inc.
SOAR Network, LLC
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
Specialty Networks Consulting, LLC
Specialty Networks Research, LLC
Specialty Networks Urology Registry, LLC
Specialty Networks, LLC
The Harvard Drug Group, L.L.C.
Traverse GPO, LLC
United Rheumatology NY IPA I, LLC
United Rheumatology, LLC
United States Medical Supply, LLC
US Med, LLC
United States Med Direct, LLC
UR Nice, LLC
UroGPO, LLC
US Med Buyer, Inc.
US Med Acquisition, Inc.
Velocare, LLC
Wavemark Cyprus Pvt. Ltd.
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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State of Florida
Department of State

I certify from the records of this office that US MED, LLC is a limited liability company organized under the laws of the State of Florida, filed on August 10, 2015, effective February 19, 1999.

The document number of this limited liability company is L15000134714.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024, that its most recent annual report was filed on February 13, 2024, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fifth day of December, 2024 •

Secretary of State

Tracking Number: 2368558639CU

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

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

Nevada BOP DME Application for
US MED, LLC

List of all Officers and Directors

Officer/Director Name	Title
Robert Evan Schlissberg	President
Keegan David Chamberlain	Director
John Henry Martin Jr.	SVP, Tax
Brent Matthew Withrow	Asst. Treasurer
Anthony F. Alvarez	Secretary

Your license number is PH 23521.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
DECEMBER 24, 2024	**PH 23521**	**146700**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Community Pharmacy

EXPIRATION DATE: **FEBRUARY 28, 2027**

US MED, LLC
8491 NW 17TH ST STE #102
MIAMI, FL - 33126

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
DECEMBER 24, 2024	**PH 23521**	**146700**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

US MED, LLC

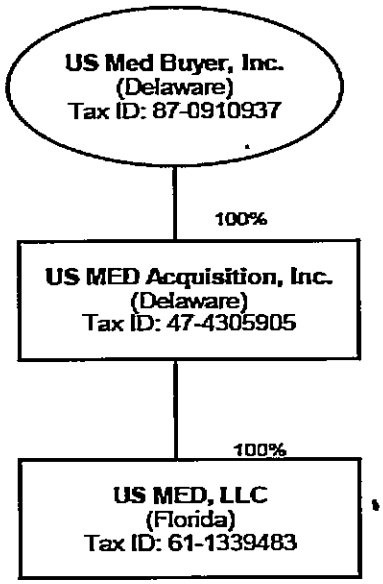
Expiration Date: **FEBRUARY 28, 2027**

REGISTRANT SIGNATURE

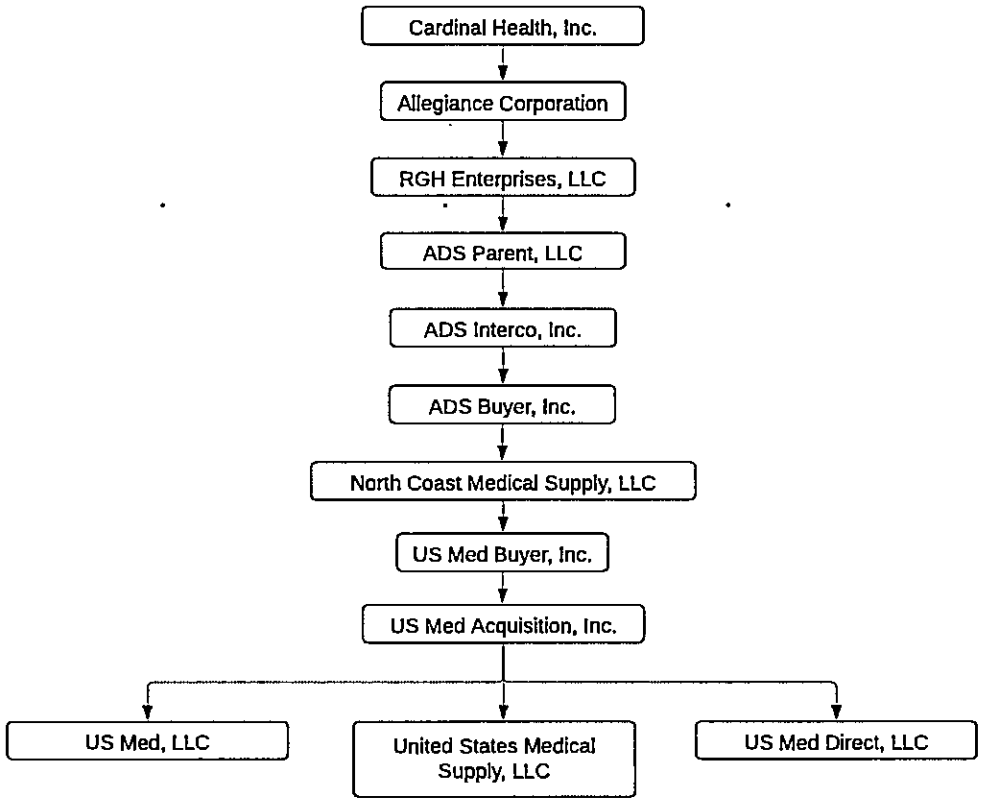
Attachment A

USM – Entity Application Information (Pre-Close)

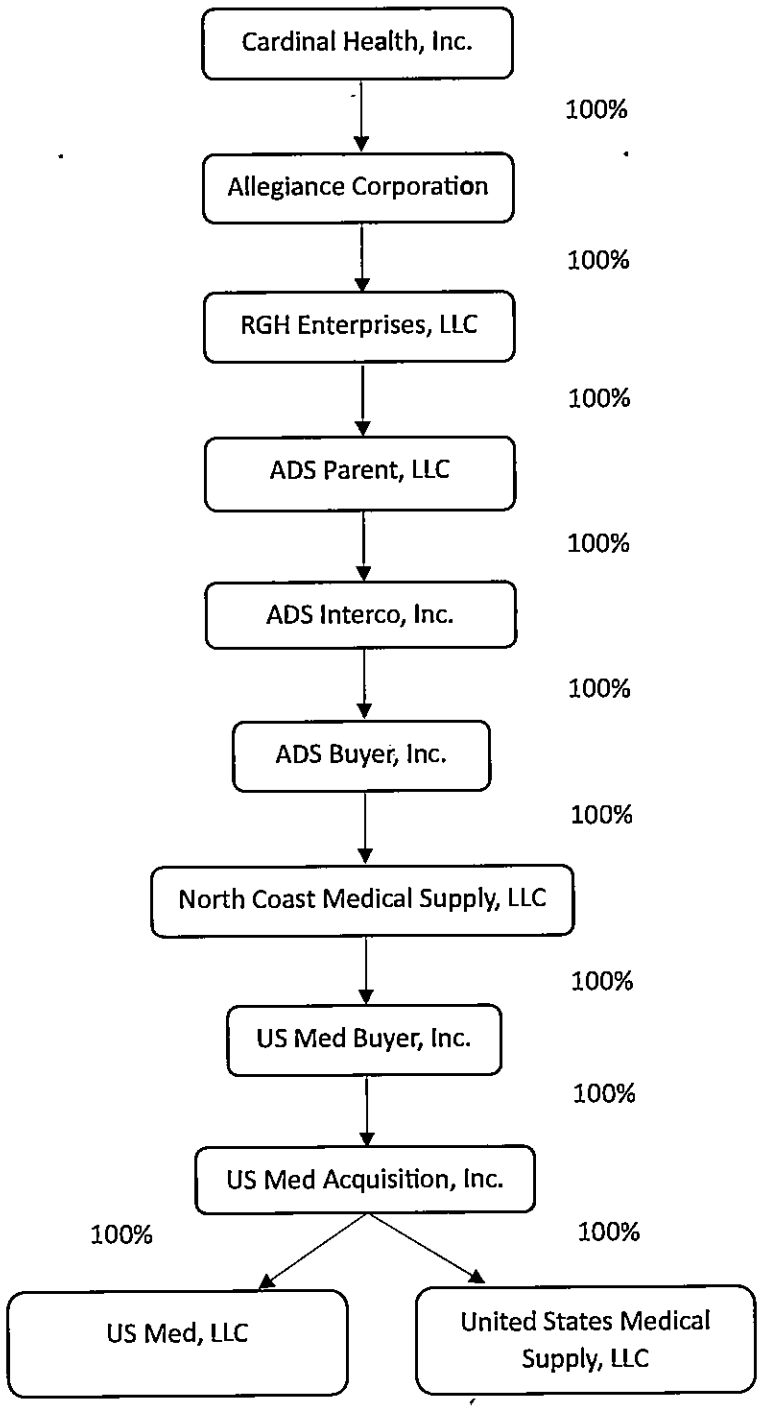
Ownership Chart



Cardinal Health –Legal Entity Structure (Post-Close)



Post-Closing Organizational Chart



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

licensure@cardinalhealth.com email

CardinalHealth

Top 4 Corporation Shareholders

Name	Percentage of Ownership
Vanguard Fiduciary Trust Co.	12.65 %
BlackRock Advisors LLC	9.478 %
STATE STREET CORPORATION	5.600 %
Geode Capital Management LLC	2.359 %

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG US MED, LLC MDEG License # (if applicable) _____

Physical Address 8491 NW 17th ST STE #102

City Miami State FL Zip 33126

Mailing Address (if different from physical address) Attn: Licensing; 8200 NW 33RD ST STE #200

City Doral State FL Zip 33122

Telephone 800-787-6331 Website www.usmed.com

Licensing Company Email Licensing@usmed.com

Section 2: Personal Information

First Joshua Middle _____ Last Newmark

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

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

Mailing Address [redacted]

City [redacted] State [redacted] Zip 33122

Telephone [redacted] Email Licensing@usmed.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of North Carolina at Chapel Hill		07/06 - 05/10	
Address	**City**	**State**	**Zip**
145 E Cameron St	Chapel Hill	NC	27514
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Spanish River High School			
Address	**City**	**State**	**Zip**
5100 Jog Rd	Boca Raton	FL	33496
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/20 - 02/25	[redacted]	[redacted]	[redacted]	33446
From - To (MM/YY – MM/YY)				Zip
06/17 - 5/20				33066
From - To (MM/YY – MM/YY)				Zip
06/12 - 5/17				33483
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
North Coast Medical Supply, LLC			03/19 - 02/25	
Business Address		**City**	**State**	**Zip**
2544 Campbell Pl # 150		Carlsbad	CA	92009
Phone	**Title**		**Number of Employed Hours**	
305-420-6994	Vice President of Pharmacy Operations		12,000 +	
Description of Duties				
Oversee medical and pharmacy distribution operations for US Med, LLC, a wholly-owned subsidiary of North Coast Medical Supply, LLC that is located at 8491 NW 17th St, Ste 102, Miami, FL 33126				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/5/2025
Date

I, Joshua Newmark, **certify that as the MDEG Administrator for**

US MED, LLC,

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

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

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

Joshua Newmark
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/05/2025 2/5/2025
Date

Board Use Only	Date Received: 2/24/25

4E

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

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

Section 1: General Information

Facility Name: Cintas Corporation No. 2 #G44 D/B/A Cintas First Aid & Safety

Physical Address: 940 Science Blvd. Suite A

City: Gahanna State: OH Zip: 43230

Mailing Address (if different from physical address): ATTN: Risk & Compliance #119; 6800 Cintas Blvd.

City: Mason State: OH Zip: 45040

Telephone: (513) 972 - 3969 Website: www.cintas.com

Name of Designated Representative (DR): Devin Nelson

Licensing Company Email: Regulatory@cintas.com DR Email: NelsonD7@cintas.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: non-prescription drugs	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Commercial End Users		☐ Others:

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

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

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

Section 4: Publicly Traded Corporation

State of Incorporation: Nevada
Parent Company (if any): Cintas Corporation
Corporation Name: Cintas Corporation No. 2 (100% Corporately owned by Cintas Corporation)
Mailing Address: 6800 Cintas Blvd.
City: Mason State: OH Zip: 45040
Telephone: (513) 972 - 3969 Email: Regulatory@cintas.com
Contact Person Name: Emily Wilburn

Date of SEC Registration: 12/03/2007	SEC Registration Number: 0-11399	Stock Exchange Symbol: CTAS

Section 5: Non-Publicly Traded Corporation or Company

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

Section 6: Partnership

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

Section 7: Sole Owner

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

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

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

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

Cintas Corporation No. 2
Facility Name

Mark Carter Jr.
Print Name of Authorized Person Submitting Application

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

10/16/24
Date

Board Use Only	Date Received: 11157M	Amount: $1000-ck 8195875

Cintas Corporation Officers

Todd M. Schneider – President & CEO

J. Michael Hansen – Executive Vice President & CFO

Jared Mattingley – Vice President & Treasurer

Brock Denton – Sr. VP, Secretary & General Counsel

James N. Rozakis – Executive Vice President & COO

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

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

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **CINTAS CORPORATION NO. 2** as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 04/26/2000, and in good standing in this State.

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

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202410075026454
You may verify this certificate online at https://www.nvsilverflume.gov/home

STATE OF IDAHO

Phil McGrane | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83720

March 28, 2025

Request Type: Certificate of Existence/Filing
Request #: 0006176064
Receipt #: 001123703

Issuance Date: 03/28/2025
Copies Requested: 0

Regarding: **CINTAS CORPORATION NO. 2**
Filing Type: Foreign Business Corporation
Formation/Qualification Date: 06/05/2001
Status: Active-Good Standing
Duration Term: Perpetual

File # : 424915
Formation Locale: NEVADA
Inactive Date:

Certificate of Existence

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

CINTAS CORPORATION NO. 2

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

Phil McGrane
Idaho Secretary of State

Processed By: Business Division

Verification #: 033504725

STATE OF OHIO
BOARD OF PHARMACY

April 2, 2019

The Whom It May Concern,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Regards,

Karrie Southard

Karrie Southard
Director of Licensing
State of Ohio Board of Pharmacy

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

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

Division of Occupational and Professional Licenses
11341 W Chinden Blvd. Boise, ID 83720-0063
dopl.idaho.gov

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

CINTAS FIRST AID & SAFETY

Wholesaler OTC Products Registration
OTC73569

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

Renewal Required

Russell Barron
Administrator

Printed: 20-Dec-2024

CINTAS FIRST AID & SAFETY
Wholesaler OTC Products Registration
OTC73569

Expires: 31-Dec-2025

Russell Barron
Administrator

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY): 11/11/2024

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

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

PRODUCER
Aon Risk Services Northeast, Inc.
c/o Aon Client Services
4 Overlook Point
Lincolnshire IL 60069 USA

CONTACT NAME:
PHONE (A/C, No, Ext): (866) 283-7122 FAX (A/C, No): (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Landmark American Ins Co	33138
INSURER B:	Liberty Insurance Corporation	42404
INSURER C:	Liberty Mutual Fire Ins Co	23035
INSURER D:	LM Insurance Corporation	33600
INSURER E:	Westchester Fire Insurance Company	10030
INSURER F:		

INSURED
Cintas Corporation and its Subsidiaries
6800 Cintas Blvd
PO Box 625737
Cincinnati OH 45262 USA

COVERAGES **CERTIFICATE NUMBER:** 570109363989 **REVISION NUMBER:**

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

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY			TB2651004227094	07/01/2024	07/01/2025	EACH OCCURRENCE	$2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
	X Contractual Liability						MED EXP (Any one person)	$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$1,000,000
	POLICY PRO-JECT X LOC						GENERAL AGGREGATE	$2,000,000
	OTHER						PRODUCTS - COMP/OP AGG	$2,000,000
B	AUTOMOBILE LIABILITY			AS7-651-004227-074	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	X Comp/Coll $0 Ded							
E	X UMBRELLA LIAB X OCCUR			G22035277019	07/01/2024	07/01/2025	EACH OCCURRENCE	$5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$5,000,000
	DED X RETENTION $10,000							
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WA565D004227104	07/01/2024	07/01/2025	X PER STATUTE / OTH-ER	
D	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) Y/N: N / N/A			WC5651004227124	07/01/2024	07/01/2025	E.L. EACH ACCIDENT	$2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$2,000,000
							E.L. DISEASE-POLICY LIMIT	$2,000,000
A	E&O - Miscellaneous Professional-Primary			LHR857569 MiscProfLiab-Claims Made	07/01/2024	07/01/2025	Per Claim	$5,000,000
							Aggregate	$5,000,000

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

Cintas Corporation No. 2 is included as Named Insured. RE: Location: 940 Science Blvd., Suite A, Columbus, OH 43230.

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy., Suite 206
Reno NV 89521 USA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier : G44

Certificate No : 570109363989

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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Cintas Corporation No. 2 — MDEG License # (if applicable): N/A
Physical Address: 940 Science Blvd. Suite A
City: Gahanna — State: OH — Zip: 43230
Mailing Address (if different from physical address): ATTN: Risk & Compliance #119; 6800 Cintas Blvd.
City: Mason — State: OH — Zip: 45040
Telephone: (513) 972 - 3969 — Website: www.cintas.com
Licensing Company Email: Regulatory@cintas.com

Section 2: Personal Information

First: Devin — Middle: Rachelle — Last: Nelson
Alias(es, nicknames, name changes, etc.):
Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☐ M ☑ F ☐ X
Mailing Address: [redacted]
City: [redacted] — State: [redacted] — Zip: 44875
Telephone: [redacted] — Email: NelsonD7@cintas.com
Are you a citizen of the United States? ☑ Yes ☐ No

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Walsh University		08/12-05/16	
Address	**City**	**State**	**Zip**
2020 E Maple St	North Canton	OH	44720
Diploma/Degree obtained, if any			
BA in Marketing and BA in Management			

School Name		From - To (MM/YY – MM/YY)	
Shelby City High School		08/08-06/12	
Address	**City**	**State**	**Zip**
1 Whippet Way	Shelby	OH	44875
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/19-Current	[redacted]	[redacted]	[redacted]	44875
08/18-09/19				44875
07/08-08/18				44609
From - To (MM/YY – MM/YY)		City		Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Cintas First Aid & Safety			05/16-06/18	
Business Address		**City**	**State**	**Zip**
4350 Renaissance Pkwy, Suite F		Cleveland	OH	44128
Phone	**Title**		**Number of Employed Hours**	
440-746-7800	Management Trainee, and Service Manager		4,160	
Description of Duties				
Rotational job duties of all departments to learn the business. Managed route employees on a daily basis.				

Business Name			From - To (MM/YY – MM/YY)	
Cintas First Aid & Safety			06/18-08/21	
Business Address		**City**	**State**	**Zip**
3902 Kropf Ave SW		Canton	OH	44706
Phone	**Title**		**Number of Employed Hours**	
330-915-2227	Service Manager		6,240	
Description of Duties				
Managed route employees on a daily basis.				

Business Name			From - To (MM/YY – MM/YY)	
Cintas First Aid & Safety			08/21-05/24	
Business Address		**City**	**State**	**Zip**
6800 Cintas Blvd		Mason	OH	45040
Phone	**Title**		**Number of Employed Hours**	
419-961-7931	Reginal Service Manager		6,200	
Description of Duties				
Focused on development of service managers and service sales representatives within my region.				

Business Name			From - To (MM/YY – MM/YY)	
Cintas First Aid & Safety			06/24-Current	
Business Address		**City**	**State**	**Zip**
940 Science Blvd		Columbus	OH	43230
Phone	**Title**		**Number of Employed Hours**	
614-655-3950	General Manager		560	
Description of Duties				
Run and manage all location departments.				

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

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

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

Cintas Corporation No. 2,

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

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

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

Devin Nelson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/10/2024
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Cintas Corporation No. 2

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

Physical Address: 940 Science Blvd. Suite A

City: Gahanna State: OH Zip: 43230

Mailing Address (if different from physical address): ATTN: Risk & Compliance #119; 6800 Cintas Blvd.

City: Mason State: OH Zip: 45040

Telephone: (513) 972 - 3969 Website: www.cintas.com

Licensing Company Email: Regulatory@cintas.com

Section 2: Personal Information

First: Devin Middle: Rachelle Last: Nelson

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

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

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: 44875

Telephone: [redacted] Email: NelsonD7@cintas.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Walsh University		08/12-05/16	
Address	City	State	Zip
2020 E Maple St	North Canton	OH	44720
Diploma/Degree obtained, if any			
BA in Marketing and BA in Management			

School Name		From - To (MM/YY – MM/YY)	
Shelby City High School		08/08-06/12	
Address	City	State	Zip
1 Whippet Way	Shelby	OH	44875
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/19-Current	[redacted]	[redacted]	[redacted]	44875
From - To (MM/YY – MM/YY)				Zip
08/18-09/19				44875
From - To (MM/YY – MM/YY)				Zip
07/08-08/18				44906
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Cintas First Aid & Safety			05/16-06/18	
Business Address		**City**	**State**	**Zip**
4350 Renaissance Pkwy, Suite F		Cleveland	OH	44128
Phone	**Title**		**Number of Employed Hours**	
440-746-7800	Management Trainee, and Service Manager		4,160	
Description of Duties				
Rotational job duties of all departments to learn the business. Managed route employees on a daily basis.				

Business Name			From - To (MM/YY – MM/YY)	
Cintas First Aid & Safety			06/18-08/21	
Business Address		**City**	**State**	**Zip**
3902 Kropf Ave SW		Canton	OH	44706
Phone	**Title**		**Number of Employed Hours**	
330-915-2227	Service Manager		6,240	
Description of Duties				
Managed route employees on a daily basis.				

Business Name			From - To (MM/YY – MM/YY)	
Cintas First Aid & Safety			08/21-05/24	
Business Address		**City**	**State**	**Zip**
6800 Cintas Blvd		Mason	OH	45040
Phone	**Title**		**Number of Employed Hours**	
419-961-7931	Regional Service Manager		6,200	
Description of Duties				
Focused on development of service managers and service sales representatives within my region.				

Business Name			From - To (MM/YY – MM/YY)	
Cintas First Aid & Safety			06/24-Current	
Business Address		**City**	**State**	**Zip**
940 Science Blvd		Columbus	OH	43230
Phone	**Title**		**Number of Employed Hours**	
614-655-3950	General Manager		560	
Description of Duties				
Run and manage all location departments.				

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

_____ _____

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

I, Devin Nelson, **certify that as the designated representative for**

Cintas Corporation No. 2,

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

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

Devin Nelson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/10/2024
Date

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

Devin Nelson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/10/2024

Date

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

State of Ohio, ss. County of Franklin

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

Original Signature

9/30/2024

Date

Subscribed and Sworn to before me this 30 day of September, 2024

Notary Public Signature

BRIAN[illegible]ND EARLEY
Notary Public
State of Ohio
My Comm. Expires
November 21, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 285075593

Application/License No. _____

CINTAS CORPORATION NO. 2 (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 940 SCIENCE BLVD. SUITE A; GAHANNA, OH 43230 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street, Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 1, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 30th day of August, 2024.

APPLICANT/PRINCIPAL

COMPANY
Cintas Corporation No. 2

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Liberty Mutual Insurance Company

RJ-P

Surety Company's Representative

Roger Paraison, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Sandra M. Winsted

Witness Jessica B. Dempsey

Countersigned by:

Susan Ann Welsh
Nevada Resident Agent
Susan Ann Welsh, Non-Resident Agent,
State of Nevada - License # 625566
Aon, 200 East Randolph Street, Chicago Illinois 60601

Liberty Mutual SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

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

Certificate No: **8211823-285057**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aaron D. Griffin; Aerie Walton; Bartlomiej Siepierski; Christina L. Sandoval; Christopher P. Troha; Corinne Chapman; Dartonya Wright; Derek J. Elston; James B. McTaggart; Jean Torres; Jennifer L. Jakaitis; Jessica B. Dempsey; Judith A. Lucky-Eftimov; Kristin L. Hannigan; Melissa L. Fortier; Nicholas Kertesz; Richard Casas; Robert Nachreiner; Roger Paraison, Samantha Chierici; Sandra M. Winsted; Susan A. Welsh; Tara A. Maquinto; Therese M. Jackson

all of the city of Chicago state of IL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 10th day of May, 2024.

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

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 10th day of May, 2024 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

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

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

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

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

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 30th day of August, 2024

By: _____
Renee C. Llewellyn, Assistant Secretary

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

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

CINTAS
FIRST AID & SAFETY

Employees of Cintas Corporation No. 2
940 Science Blvd. Suite A; Gahanna, OH 43230

LAST NAME	FIRST NAME	TITLE
NELSON	DEVIN	GENERAL MANAGER
PHILLIPS	TOM	OPERATIONS MANAGER
DEMMLER	ANDY	SERVICE MANAGER
REED	ALISSA	SERVICE MANAGER
CRESS	JASON	SERVICE MANAGER
DANZINGER	LAUREL	MANAGEMENT TRAINEE
KLAS	DREW	MANAGEMENT TRAINEE
MIZER	ANDY	SALES SERVICE REPRESENTATIVE
LEHMAN	TREY	SALES SERVICE REPRESENTATIVE
MCELDOWNEY	ANDREW	SALES SERVICE REPRESENTATIVE
HUGHES	NOAH	SALES SERVICE REPRESENTATIVE
MARTINELLI	TODD	SALES SERVICE REPRESENTATIVE
BUCHS	BRAD	SALES SERVICE REPRESENTATIVE
FORD	GEREMIAH	SALES SERVICE REPRESENTATIVE
WEST	SETH	SALES SERVICE REPRESENTATIVE
CARPENTER	JAKE	SALES SERVICE REPRESENTATIVE
BOGGESS	TEQUILA	SALES SERVICE REPRESENTATIVE
KINCER	JENNY	SALES SERVICE REPRESENTATIVE
BYRNE	BILL	SALES SERVICE REPRESENTATIVE
APP	JAMESON	SALES SERVICE REPRESENTATIVE
HUBER	CORY	SALES SERVICE REPRESENTATIVE
WILSON	LONNIE	SALES SERVICE REPRESENTATIVE
MARSHALL	GENELLE	SALES SERVICE REPRESENTATIVE
HIGGINS	ALEXIS	SALES SERVICE REPRESENTATIVE
MCCLUSKEY	KEEGAN	SALES SERVICE REPRESENTATIVE
MOORE	ROB	SALES SERVICE REPRESENTATIVE
SMALES	SAM	ROUTE SPECIALIST
HOPPER	NELI	ROUTE SPECIALIST
EDWARDS	NICHOLAS	EYEWASH SERVICE REPRESENTATIVE
SAGRAVES	DERRICK	EYEWASH SERVICE REPRESENTATIVE
KEATON	KENNY	EYEWASH SERVICE REPRESENTATIVE
CONLEY	JEFF	INSTALLER
HUGHES	BRIAN	INSTALLER
HOLLAND	LEX	SALES SERVICE REPRESENTATIVE
DAVIS	SHAUN	SALES SERVICE REPRESENTATIVE
WYKOFF	BRETT	SALES MANAGER
NELSON	GREGORY	BUSINESS DEVELOPMENT REPRESENTATIVE
OLSON	JAKE	BUSINESS DEVELOPMENT REPRESENTATIVE
OGDEN	JOSH	SALES REPRESENTATIVE
SCHWINGHAMER	EMILY	SALES REPRESENTATIVE
KELLY	BOB	SALES REPRESENTATIVE
OVERMYER	NATE	SALES REPRESENTATIVE
PHILLIPS	SEAN	SALES REPRESENTATIVE
COAKLEY	DAMIEN	TRAINING & COMPLIANCE MANAGER
SMITH	RYAN	TRAINING & COMPLIANCE INSTRUCTOR
ERICKSON	GINA	TRAINING & COMPLIANCE INSTRUCTOR
BOWN	ERIC	TRAINING & COMPLIANCE INSTRUCTOR
BALOGH	KEVIN	TRAINING & COMPLIANCE INSTRUCTOR
SPRAY	KATY	OFFICE SUPERVISOR
GOSSEL	LINDSEY	OFFICE SUPPORT
GEORGE	BOBBIE	WAREHOUSE SPECIALIST

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

☑ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the fiscal year ended May 31, 2024

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Commission file number 0-11399

CINTAS®

READY FOR THE WORKDAY

Cintas Corporation

(Exact name of registrant as specified in its charter)

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

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

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

Title of each class	Trading symbol(s)	Name of each exchange on which registered
Common stock, no par value	CTAS	The NASDAQ Stock Market LLC (NASDAQ Global Select Market)

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

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

Yes ☑ No ☐

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

Yes ☐ No ☑

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

Yes ☑ No ☐

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

Yes ☑ No ☐

Indicate by check mark whether the Registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer	☑	Accelerated Filer	☐	Non-Accelerated Filer	☐
Smaller Reporting Company	☐	Emerging Growth Company	☐		

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

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C.762(b)) by the registered public accounting firm that prepared or issued is audit report. ☑

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

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

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

Yes ☐ No ☑

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

Documents Incorporated by Reference

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

Part I

Item 1. Business

Overview

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

Business Segments

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

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

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

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

Customers

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

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

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

Communication

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

Sustainability

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

Human Capital

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

Diversity, Equity & Inclusion

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

Compensation Programs and Employee Benefits

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

Item 1A. Risk Factors

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

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

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

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

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

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

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

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

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

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

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

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

Financial Risks

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Item 1C. Cybersecurity

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

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

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

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

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

4F

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

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

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

Section 1: General Information

Facility Name: Cintas Corporation No. 2 #59P D/B/A Cintas First Aid & Safety

Physical Address: 800 S Industrial Way Suite 300

City: Meridian State: ID Zip: 83642

Mailing Address (if different from physical address): 6800 Cintas Blvd. ATTN: Regulatory Compliance #119

City: Mason State: OH Zip: 45040

Telephone: (513) 972 - 3969 Website: www.cintas.com

Name of Designated Representative (DR): Ryan Pickett

Licensing Company Email: Regulatory@cintas.com DR Email: PickettR@cintas.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: OTC First Aid Convenience Kits, non-prescription drugs	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Commercial End Users		☐ Others:

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

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

Name: Cintas Corporation No. 2
Address: 3577 Yankee Road Suite B City: Middletown State: OH Zip: 45044

Name: Cintas Corporation No. 2
Address: 250 Vista Blvd. Suite 107 City: Sparks State: NV Zip: 89434

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Nevada
Parent Company (if any): Cintas Corporation
Corporation Name: Cintas Corporation No. 2 (100% Corporately owned by Cintas Corporation)
Mailing Address: 6800 Cintas Blvd.
City: Mason State: OH Zip: 45040
Telephone: (513) 972 - 3969 Email: Regulatory@cintas.com
Contact Person Name: Emily Wilburn

Date of SEC Registration: 12/03/2007	SEC Registration Number: 0-11399	Stock Exchange Symbol: CTAS

Section 5: Non-Publicly Traded Corporation or Company

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

Section 6: Partnership

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

Section 7: Sole Owner

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

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

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

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

Cintas Corporation No. 2

Facility Name

Mark Carter, Jr.

Print Name of Authorized Person Submitting Application

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

Date 6/17/25

Board Use Only	Date Received: 6/30/25	Amount: $600-ck 100502849

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

This is in response to Question # 2 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity
Cintas Corporation No. 2

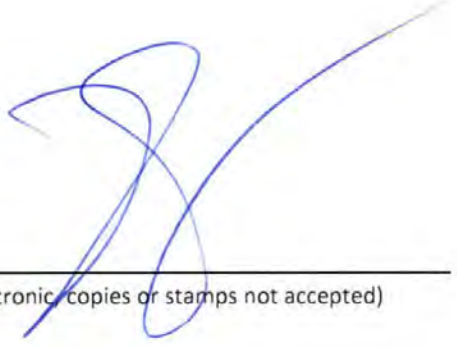
Provide explanation below:

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

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

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

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



Original Signature (electronic copies or stamps not accepted)

10/16/24

Date

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

This is in response to Question # 5 **. Provide all the following *where applicable*:**

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

Provide explanation below:

Surrendered Licenses - Cintas Corporation No. 2

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

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

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

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

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

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

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

NC - Device and Medical Equipment Resident Permit
- No longer sells medical gas

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

Original Signature (electronic, copies or stamps not accepted)

Date 10/14/24

Cintas Corporation No. 2 Officers

Todd M. Schneider – President & CEO of Cintas Corporation

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

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

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

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

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

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

CINTAS
READY FOR THE WORKDAY

Top Four Corporate Shareholders

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

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **CINTAS CORPORATION NO. 2** as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 04/26/2000, and in good standing in this State.

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

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202410075026454
You may verify this certificate online at https://www.nvsilverflume.gov/home

STATE OF IDAHO

Phil McGrane | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83720

March 28, 2025

Request Type: Certificate of Existence/Filing
Request #: 0006176064
Receipt #: 001123703

Issuance Date: 03/28/2025
Copies Requested: 0

Regarding: **CINTAS CORPORATION NO. 2**
Filing Type: Foreign Business Corporation
Formation/Qualification Date: 06/05/2001
Status: Active-Good Standing
Duration Term: Perpetual

File # : 424915
Formation Locale: NEVADA
Inactive Date:

Certificate of Existence

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

CINTAS CORPORATION NO. 2

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

Phil McGrane
Idaho Secretary of State

Processed By: Business Division

Verification #: 033504725

STATE OF OHIO
BOARD OF PHARMACY

April 2, 2019

The Whom It May Concern,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Regards,

Karrie Southard

Karrie Southard
Director of Licensing
State of Ohio Board of Pharmacy

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

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

Division of Occupational and Professional Licenses
11341 W Chinden Blvd. Boise, ID 83720-0063
dopl.idaho.gov

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

CINTAS FIRST AID & SAFETY

Wholesaler OTC Products Registration
OTC73569

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

Renewal Required

Russell Barron
Administrator

Printed: 20-Dec-2024

CINTAS FIRST AID & SAFETY
Wholesaler OTC Products Registration
OTC73569

Expires: 31-Dec-2025

Russell Barron
Administrator

CERTIFICATE OF LIABILITY INSURANCE

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

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

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

PRODUCER Aon Risk Services Northeast, Inc. c/o Aon Client Services 4 Overlook Point Lincolnshire IL 60069 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Liberty Insurance Corporation	42404
INSURER B:	Liberty Mutual Fire Ins Co	23035
INSURER C:	LM Insurance Corporation	33600
INSURER D:	Westchester Fire Insurance Company	10030
INSURER E:		
INSURER F:		

INSURED
Cintas Corporation and its Subsidiaries
6800 Cintas Blvd
PO Box 625737
Cincinnati OH 45262 USA

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY			TB2651004227095	07/01/2025	07/01/2026	EACH OCCURRENCE	$2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
	X Contractual Liability						MED EXP (Any one person)	$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$2,000,000
	POLICY PRO-JECT X LOC						GENERAL AGGREGATE	$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$2,000,000
A	AUTOMOBILE LIABILITY			AS7-651-004227-075 AOS	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	X Comp/Coll $0 Ded.							
D	X UMBRELLA LIAB X OCCUR			G22035277020	07/01/2025	07/01/2026	EACH OCCURRENCE	$5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$5,000,000
	DED X RETENTION $10,000							
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WA565D004227105	07/01/2025	07/01/2026	X PER STATUTE OTH-ER	
C	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N / N/A			WC5651004227125	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$2,000,000
							E.L. DISEASE-POLICY LIMIT	$2,000,000

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

CERTIFICATE HOLDER

Cintas Corporation and its Subsidiaries
PO Box 625737
Cincinnati OH 45262 USA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc.

Holder Identifier :

Certificate No : 570113408379

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

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

ADDITIONAL INFORMATION

GENERAL LIABILITY

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

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

AUTOMOBILE LIABILITY

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

PHYSICAL DAMAGE COVERAGE:
The Named Insured assumes all Liability for Physical Damage.

WORKERS' COMPENSATION

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

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

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

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

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Cintas Corporation No. 2 #59P — MDEG License # (if applicable): _____

Physical Address: 800 S Industrial Way Suite 300

City: Meridian — State: ID — Zip: 83642

Mailing Address (if different from physical address): 6800 Cintas Blvd. ATTN: Risk & Compliance #119

City: Mason — State: OH — Zip: 45040

Telephone: (513) 972 - 3969 — Website: www.cintas.com

Licensing Company Email: Regulatory@cintas.com

Section 2: Personal Information

First: Ryan — Middle: Alexander — Last: Pickett

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

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

Mailing Address: [redacted]

City: [redacted] — State: [redacted] — Zip: 83687

Telephone: [redacted] — Email: pickettr@cintas.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Corban University		08/05 - 05/10	
Address	City	State	Zip
5000 Deer Park DR SE	Salem	OR	97317
Diploma/Degree obtained, if any			
BS - Business Administration Management			

School Name		From - To (MM/YY – MM/YY)	
Westview High School		8/03 - 5/05	
Address	City	State	Zip
4200 NW 185th Ave	Portland	OR	97229
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Glencoe High School		08/01 - 05/03	
Address	City	State	Zip
2700 NW Glencoe Rd	Hillsboro	OR	97124
Diploma/Degree obtained, if any			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/19 - 9/24	[redacted]	[redacted]	[redacted]	83651
03/18 - 03/19				83687
03/17 - 03/18				98391
10/14 - 03/17				98002
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Cintas First Aid & Safety			06/20 - Current	
Business Address		**City**	**State**	**Zip**
800 S Industrial Way Suite 300		Meridian	ID	83642
Phone	**Title**		**Number of Employed Hours**	
(253) 263 - 7103	General Manager		10,000	
Description of Duties				
Oversee business staffing, financial, and compliance operations.				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Ryan Pickett, **certify that as the MDEG Administrator for**

Cintas Corporation No. 2 #59P D/B/A Cintas First Aid & Safety,

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

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

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

Ryan Pickett
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/28/25
Date

Board Use Only	Date Received: 4/15/25

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

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

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

☑ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the fiscal year ended May 31, 2024

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Commission file number 0-11399

CINTAS®

READY FOR THE WORKDAY

Cintas Corporation

(Exact name of registrant as specified in its charter)

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

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

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

Title of each class	Trading symbol(s)	Name of each exchange on which registered
Common stock, no par value	CTAS	The NASDAQ Stock Market LLC (NASDAQ Global Select Market)

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

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

Yes ☑ No ☐

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

Yes ☐ No ☑

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

Yes ☑ No ☐

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

Yes ☑ No ☐

Indicate by check mark whether the Registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer	☑	Accelerated Filer	☐	Non-Accelerated Filer	☐
Smaller Reporting Company	☐	Emerging Growth Company	☐		

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

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C.762(b)) by the registered public accounting firm that prepared or issued is audit report. ☑

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

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

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

Yes ☐ No ☑

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

Documents Incorporated by Reference

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

Cintas Corporation
Index to Annual Report on Form 10-K

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Part I

Item 1. Business

Overview

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

Business Segments

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

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

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

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

Customers

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

Competition

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

Operations and Distribution

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

Sourcing

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

Government Laws and Regulations

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

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

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

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

Communication

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

Sustainability

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

Human Capital

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

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

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

Corporate Culture

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

Talent Development

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

Health and Safety

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

Employee-Partner Wellness

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

Diversity, Equity & Inclusion

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

Compensation Programs and Employee Benefits

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

Item 1A. Risk Factors

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

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

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

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

Risks Relating to Business Strategy and Operations

Negative global economic factors may adversely affect our financial performance.

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

Increased competition could adversely affect our consolidated results of operations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Risks

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

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

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

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

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

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

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

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

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

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

Legal and Regulatory Risks

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Item 1B. Unresolved Staff Comments

None.

Item 1C. Cybersecurity

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

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

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

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

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

4G

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		■ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ■ Location Change* (in-state only)	MW01614 * If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Cintas Corporation No. 2 #187 D/B/A Cintas First Aid & Safety

Physical Address: 470 Dean Martin Drive Suite 110-112

City: Las Vegas State: NV Zip: 89139

Mailing Address (if different from physical address): 6800 Cintas Blvd. ATTN: Regulatory Compliance

City: Mason State: OH Zip: 45040

Telephone: (513) 972 - 3969 Website: www.cintas.com

Name of Designated Representative (DR): Darren Castro

Licensing Company Email: Regulatory@cintas.com DR Email: CastroD@cintas.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: OTC First Aid Convenience Kits, non-prescription drugs	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Commercial End Users		☐ Others:

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

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

This is in response to Question # 2 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity
Cintas Corporation No. 2

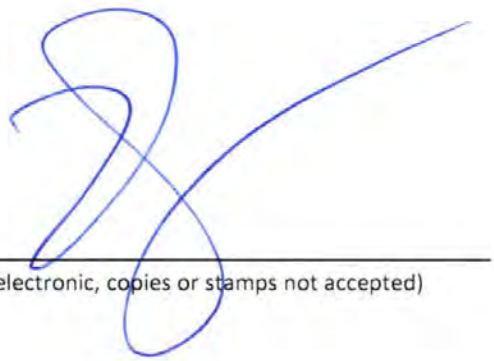
Provide explanation below:

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

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

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

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



Original Signature (electronic, copies or stamps not accepted)

7/28/25

Date

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

This is in response to Question # 5 . Provide all the following *where applicable*:

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

Provide explanation below:

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

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

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

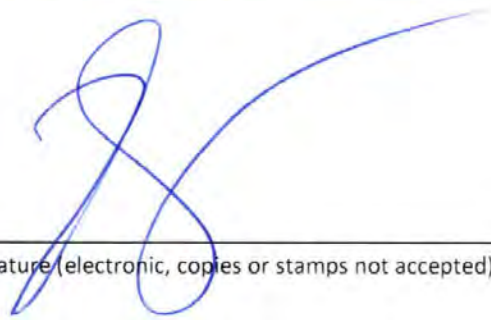
KY - Wholesaler Non-Resident License
• No prescription drug products
• License Exemption granted

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

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

NC - Device and Medical Equipment Resident Permit
• No longer sells medical gas

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



Original Signature (electronic, copies or stamps not accepted)

7/28/25

Date

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

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

Section 4: Publicly Traded Corporation

State of Incorporation: Nevada
Parent Company (if any): Cintas Corporation
Corporation Name: Cintas Corporation No. 2 (100% Corporately Owned by Cintas Corporation)
Mailing Address: 6800 Cintas Blvd.
City: Mason State: OH Zip: 45040
Telephone: (513) 972 - 3969 Email: Regulatory@cintas.com
Contact Person Name: Emily Wilburn

Date of SEC Registration: 1983 | SEC Registration Number: 0000723254 | Stock Exchange Symbol: CTAS

Section 5: Non-Publicly Traded Corporation or Company

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

Section 6: Partnership

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

Section 7: Sole Owner

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

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

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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

Cintas Corporation No. 2

Facility Name

Mark Carter, Jr.

Print Name of Authorized Person Submitting Application

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

Date 7/28/28

Board Use Only	Date Received:	Amount:

CINTAS®
READY FOR THE WORKDAY®

Cintas Corporation Officers

Todd M. Schneider – President & CEO

Scott A. Garula – Executive Vice President & CFO

Jared S. Mattingley – Vice President & Treasurer

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

James N. Rozakis – Executive Vice President & COO

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

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

CINTAS
READY FOR THE WORKDAY

Top Four Corporate Shareholders

1. **Vanguard Group, Inc** – 9.38%
2. **BlackRock, Inc.** – 7.12%
3. **State Street Corporation** – 3.72%
4. **Nuveen, LLC** – 2.26%

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **CINTAS CORPORATION NO. 2** as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 04/26/2000, and in good standing in this State.

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

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202410075026454
You may verify this certificate online at https://www.nvsilverflume.gov/home

CERTIFICATE OF LIABILITY INSURANCE

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

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

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

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. c/o Aon Client Services 4 Overlook Point Lincolnshire IL 60069 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Liberty Insurance Corporation	42404
INSURER B:	Liberty Mutual Fire Ins Co	23035
INSURER C:	LM Insurance Corporation	33600
INSURER D:	Westchester Fire Insurance Company	10030
INSURER E:		
INSURER F:		

INSURED
Cintas Corporation and its Subsidiaries
6800 Cintas Blvd
PO Box 625737
Cincinnati OH 45262 USA

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY			TB2651004227095	07/01/2025	07/01/2026	EACH OCCURRENCE	$2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
	X Contractual Liability						MED EXP (Any one person)	$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$2,000,000
	POLICY PRO-JECT X LOC						GENERAL AGGREGATE	$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$2,000,000
A	AUTOMOBILE LIABILITY			AS7-651-004227-075 AOS	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	X Comp/Coll $0 Ded.							
D	X UMBRELLA LIAB X OCCUR			G22035277020	07/01/2025	07/01/2026	EACH OCCURRENCE	$5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$5,000,000
	DED X RETENTION $10,000							
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WA565D004227105	07/01/2025	07/01/2026	X PER STATUTE OTH-ER	
C	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A		WC5651004227125	07/01/2025	07/01/2026	E.L. EACH ACCIDENT	$2,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$2,000,000
							E.L. DISEASE-POLICY LIMIT	$2,000,000

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

CERTIFICATE HOLDER

Cintas Corporation and its Subsidiaries
PO Box 625737
Cincinnati OH 45262 USA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570113408379

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EVIDENCE OF COVERAGE

Policy Term
07-01-2025 to 07-01-2026

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

ADDITIONAL INFORMATION

GENERAL LIABILITY

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

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

AUTOMOBILE LIABILITY

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

PHYSICAL DAMAGE COVERAGE:
The Named Insured assumes all Liability for Physical Damage.

WORKERS' COMPENSATION

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

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

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

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

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Cintas Corporation No. 2 #187 D/B/A Cintas First Aid & Safety — MDEG License # (if applicable): MW01614

Physical Address: 470 Dean Martin Drive Suite 110-112

City: Las Vegas — State: NV — Zip: 89139

Mailing Address (if different from physical address): 6800 Cintas Blvd. ATTN: Regulatory Compliance

City: Mason — State: OH — Zip: 45040

Telephone: (513) 972 - 3969 — Website: www.cintas.com

Licensing Company Email: Regulatory@cintas.com

Section 2: Personal Information

First: Darren — Middle: Leo — Last: Castro

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

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

Mailing Address: [redacted]

City: [redacted] — State: [redacted] — Zip: 89052

Telephone: [redacted] — Email: castrod@cintas.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Boston University		08/2005 - 05/2008	
Address	**City**	**State**	**Zip**
233 Bay State Road	Boston	MA	02215
Diploma/Degree obtained, if any			
MA Criminal Justice			
School Name		**From - To (MM/YY – MM/YY)**	
University of Guam		08/1996 - 05/2001	
Address	**City**	**State**	**Zip**
303 University Drive	Mangilao	Guam	96913
Diploma/Degree obtained, if any			
BS Criminal Justice			
School Name		**From - To (MM/YY – MM/YY)**	
Temple Christian High School		08/1992 - 05/1996	
Address	**City**	**State**	**Zip**
332 Chalan Sabana	Ordot	Guam	96910
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2011 - Present	[redacted]	[redacted]	[redacted]	89052
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Cintas Corporation			6/2007 - Present	
Business Address		City	State	Zip
7470 Dean Martin Dr. Suite 110-112		Las Vegas	NV	89183
Phone	Title		Number of Employed Hours	
702.942.3031	General Manager		35,000	
Description of Duties				
Responsible for leading and managing the overall operations of the First Aid & Safety branch, to include customer service, service, sales, operations, employee performance, while ensuring compliance Cintas, Federal, and State policies and procedures				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8/14/25
Date

I, Darren Castro, **certify that as the MDEG Administrator for**

Cintas Corporation No. 2 #187 D/B/A Cintas First Aid & Safety,

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

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

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

Darren Castro

Print Name (First, Last)

Darren Castro Digitally signed by Darren Castro Date: 2025.08.20 15:46:28 -07'00'

Original Signature (electronic, copies or stamps not accepted)

8/14/25

Date

Board Use Only	Date Received:

CINTAS®
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MDEG Administrator Form

The applicant, Cintas Corporation No. 2, is licensed under Nevada State Board of Pharmacy Permit #MW01614. There was not a change in the MDEG Administrator, Darren Castro, between licensing and address change.

Darren Castro will continue to be the MDEG Administrator and Person In Charge at the facility address outlined in this application.

CINTAS
READY FOR THE WORKDAY

Facility Employee List

Last Name	First Name	Title
Addams	Raina	Management Trainee
Alvarez Cuevas	Jorge	Installation Services Technician
Aragon	Ernest	Service Sales Representative in Training
BASILIO	RODEL	Eye Wash Service Rep
Bever	Joshua	Service Sales Rep
Biondi	Michael	Service Sales Rep
Bruechert	Melissa	Sales Manager
Burgett	Nathaniel	Business Development Representative
Cabrera	Elmer	Eye Wash Service Rep
Castro	Darren	General Manager
Garcia	Francisco	Service Sales Rep
Hammonds	Katrina	Sales Representative
Handel	Michael	Service Sales Rep
Heredia	Olaf	Service Sales Rep
Heredia-Limon	Aaron	Eye Wash Service Rep
Hill	Joshua	Sales Representative
Kimbell	Rodney	Service Sales Rep
Lugo	Jessica	Training and Compliance Instructor
Luiz	Nicholas	Service Sales Representative
Maxson	Amy	Office Support
Maynard	Demenco	Inventory Management Specialist
Mccrory	Russell	Training and Compliance Manager
Miller	Susan	Office Supervisor
Mowry	Cole	Route Specialist
Odeh	Stephanie	Service Manager
Quezada-Casillas	Sandra	Service Manager
Ream	Michael	Service Sales Rep
Rono	Stephanie	Service Sales Rep
Schirm	Theresa	Route Specialist
Sekioka	Clint	Route Specialist
Skelton	Steven	Service Sales Rep
Smith	Ryann	Service Sales Rep
Terry	Jessica	Sales Rep-In-Training
Urbano	Pedro	Route Specialist
Walter	Gregory	Service Sales Representative in Training
Weber	Stephen	Training and Compliance Instructor

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

☑ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the fiscal year ended May 31, 2024

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Commission file number 0-11399

CINTAS®
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Cintas Corporation

(Exact name of registrant as specified in its charter)

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

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

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

Title of each class	Trading symbol(s)	Name of each exchange on which registered
Common stock, no par value	CTAS	The NASDAQ Stock Market LLC (NASDAQ Global Select Market)

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

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

Yes ☑ No ☐

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

Yes ☐ No ☑

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

Yes ☑ No ☐

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

Yes ☑ No ☐

Indicate by check mark whether the Registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer	☑	Accelerated Filer	☐	Non-Accelerated Filer	☐
Smaller Reporting Company	☐	Emerging Growth Company	☐		

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

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C.762(b)) by the registered public accounting firm that prepared or issued is audit report. ☑

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to § 240.10D-1(b) ☐

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☑

The aggregate market value of the Registrant's Common Stock held by non-affiliates as of November 30, 2023, was $56,070,561,360 based on a closing sale price of $553.25 per share. As of June 30, 2024, 193,308,232 shares of the Registrant's Common Stock were issued and 100,768,931 shares were outstanding.

Documents Incorporated by Reference

Portions of the Registrant's Proxy Statement to be filed with the Commission for its 2024 Annual Meeting of Shareholders are incorporated by reference in Part III of this Form 10-K.

Cintas Corporation
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Part I

Item 1. Business

Overview

Cintas Corporation (Cintas, Company, we, us or our), a Washington corporation, helps more than one million businesses of all types and sizes, primarily in the United States (U.S.), as well as Canada and Latin America, get **READY™** to open their doors with confidence every day by providing a wide range of products and services that enhance our customers' image and help keep their facilities and employees clean, safe and looking their best. With products and services including uniforms, mats, mops, restroom supplies, first aid and safety products, fire extinguishers and testing, and safety training, Cintas helps customers get **Ready for the Workday®**. Cintas was founded in 1968 by Richard T. Farmer when he left his family's industrial laundry business in order to develop uniform programs using an exclusive new fabric. In the early 1970's, Cintas acquired the family industrial laundry business. Over the years, Cintas developed additional products and services that complemented its core uniform business and broadened the scope of products and services available to its customers.

Business Segments

Cintas' reportable operating segments are the Uniform Rental and Facility Services operating segment and the First Aid and Safety Services operating segment. The Uniform Rental and Facility Services reportable operating segment consists of the rental and servicing of uniforms and other garments, including flame resistant clothing, mats, mops and shop towels and other ancillary items. In addition to these rental items, restroom cleaning services and supplies and the sale of items from our catalogs to our customers on route are included within this reportable operating segment. The First Aid and Safety Services reportable operating segment consists of first aid and safety products and services. The remainder of Cintas' business, which consists of the Fire Protection Services operating segment and the Uniform Direct Sale operating segment, is included in All Other.

The following table sets forth Cintas' total revenue and the revenue derived from each reportable operating segment and the remaining operating segments included in All Other for the fiscal years ended May 31:

(In thousands)	**2024**	2023	2022
Uniform Rental and Facility Services	$ 7,465,199	$ 6,897,130	$ 6,226,980
First Aid and Safety Services	1,067,334	951,496	832,458
All Other	1,064,082	967,143	795,021
Total Revenue	$ 9,596,615	$ 8,815,769	$ 7,854,459

Additional information regarding each reportable operating segment and All Other is also included in "Item 8. Financial Statements and Supplementary Data," in Note 14 entitled Operating Segment Information of "Notes to Consolidated Financial Statements."

Customers

We provide our products and services to over one million businesses of all types, from small service and manufacturing companies to major corporations that employ thousands of people. This diversity in customer base results in no individual customer accounting for greater than one percent of Cintas' total revenue. As a result, the loss of one account would not have a material financial impact on Cintas.

Competition

The primary markets served by each of the Cintas operating segments are local in nature and highly fragmented. Cintas competes with national, regional and local providers, large national retailers and small local retailers as well as companies with a significant online presence and the level of competition varies at each of Cintas' local operations. In addition, businesses may decide to perform certain services in-house instead of outsourcing these services. Product, design, price, quality, service and convenience to the customer are the competitive elements in each of our operating segments.

Operations and Distribution

Within the Uniform Rental and Facility Services reportable operating segment, Cintas provides its products and services to customers via local delivery routes originating from rental processing plants and branches. Within the First Aid and Safety Services reportable operating segment and All Other, Cintas provides its products and services via its distribution network and local delivery routes or local representatives. At May 31, 2024, Cintas, in total, had approximately 11,700 local delivery routes, 467 operational facilities and 12 distribution centers.

Sourcing

Cintas is committed to sourcing responsibly. Cintas sources finished products from many outside suppliers. As mentioned on our website, www.cintas.com, each and every supplier must comply with a vendor code of conduct as a condition of doing business with Cintas. Cintas also conducts internal training to ensure that employee-partners who have direct responsibility for supply chain management are knowledgeable and aware of issues and concerns surrounding our supply chain. In addition to sourcing from third-party suppliers, Cintas operates five manufacturing facilities that provide for standard uniform needs. Cintas purchases fabric, used in the manufacturing of its products, from several suppliers. Cintas' ability to find qualified suppliers who meet its standards and to access products in a timely and efficient manner, is subject to ongoing market risks. For a discussion of the risks associated with sourcing that may materially impact Cintas, please see "Item 1A: Risk Factors - Risks Relating to Business Strategy and Operations."

Government Laws and Regulations

Cintas is subject to a wide array of laws, government regulations, including environmental regulations, and standards in each domestic and foreign jurisdiction in which it operates. In addition to Cintas' U.S. operations, which generated over 90% of its consolidated revenue in all periods presented, Cintas also operates its business through wholly owned subsidiaries in foreign jurisdictions, primarily in Canada. Compliance with these laws, government regulations, including environmental regulations, and standards requires the dedication of time and effort of employee-partners as well as financial resources.

Compliance with environmental regulations and prioritizing our environmental sustainability efforts are important to us as a good corporate citizen. Our journey started in 1929 during the Great Depression when Doc and Amelia Farmer collected shop towels that had been disposed by manufacturing facilities along the Ohio River. They washed, recycled and sold the clean towels back to companies. Today, the majority of our total Company revenue comes from our Uniform Rental and Facility Services reportable operating segment. Most of these items are cleaned and processed in ways that extend their lifespan and, when not in use, are re-stocked for future customers to maximize their lifespan. Our laundering processes generate far less wastewater than home laundering. Water discharged into the environment is treated at our operating facilities and in accordance with local discharge standards and permits. Our lasting commitment to the environment and our communities is evident from our processes and innovation, which are designed to ensure that our operational facilities are operating efficiently. Cintas is subject to various environmental laws and regulations, as are other companies in the uniform rental industry. The primary federal statutes that apply to our activities in the U.S. are the Clean Air Act, the Clean Water Act and the Resource Conservation and Recovery Act. We are also subject to the Superfund Amendments and Reauthorization Act of 1986, which imposes certain reporting requirements as to emissions of hazardous substances into the air, land and water. While environmental compliance is not a material component of our costs, Cintas makes capital expenditures and associated operating costs, primarily for water treatment and waste removal, on a regular basis in order to comply with environmental laws and regulations, to promote employee-partner safety and to carry out its environmental sustainability principles. Environmental spending related to water

treatment and waste removal was approximately $27.0 million in fiscal 2024, approximately $26.0 million in fiscal 2023 and approximately $22.0 million in fiscal 2022. Capital expenditures to limit or monitor hazardous substances totaled approximately $1.7 million in fiscal 2024, approximately $1.0 million in fiscal 2023 and approximately $0.2 million in fiscal 2022.

In addition, health and safety regulations have necessitated, and may continue to necessitate, increased operating costs or capital investments to promote a safe working environment. Cintas is also required to comply with increasingly complex and changing laws and regulations enacted to protect business and personal data in the U.S. and other jurisdictions regarding privacy, data protection and data security, including those related to the collection, storage, use, transmission and protection of personal information and other consumer, customer, vendor or employee data. With respect to the laws and regulations noted above, as well as other applicable laws and regulations, Cintas' compliance programs may under certain circumstances involve material investments in the form of additional processes, training, personnel, information technology and capital. In fiscal 2024, compliance with the applicable laws, government regulations, including environmental regulations, and standards did not have a material effect on Cintas' capital expenditures or consolidated results of operations. For a discussion of the risks associated with government regulations that may materially impact Cintas, please see "Item 1A: Risk Factors—Legal and Regulatory Risks."

Communication

Cintas uses its corporate website, www.cintas.com, as a channel for routine distribution of important information, including news releases, analyst presentations and financial information and for complying with our disclosure obligations under Regulation FD. Cintas files with, or furnishes to, the Securities and Exchange Commission (SEC) Annual Reports on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K and any amendments to those reports, as well as proxy statements and annual reports to shareholders, and, from time to time, other documents. The reports and other documents filed with or furnished to the SEC are available to investors on or through our corporate website free of charge as soon as reasonably practicable after we electronically file them with or furnish them to the SEC. The SEC maintains an internet site located at www.sec.gov that contains reports, proxy and information statements and other information regarding issuers, such as Cintas, that file electronically with the SEC. Cintas' SEC filings can be found on the Investor Relations page of its website at www.cintas.com/investors/financial-reports and its Code of Conduct and Business Ethics can be found under the Impact page of its website at www.cintas.com/company/esg. Cintas intends to post any amendments or waivers to its Code of Conduct and Business Ethics on its website within four business days after approval. These documents are available in print to any shareholder who requests a copy by writing or calling Cintas as set forth on the Investor Information page under the FAQs. The content on any website referred to in this Annual Report on Form 10-K is not incorporated herein by reference unless expressly noted.

Sustainability

In fiscal 2024, Cintas published its fourth annual sustainability report and reported on Cintas' continued strategy of a Shared Drive for Better. The report included information on Cintas' efforts in areas of climate and energy initiatives, water interactions, materials and waste, sustainable supply chain, diversity, equity and inclusion efforts, employee-partner development, safety and health strategy, human rights and labor rights positions and governance, ethics and integrity foundations. Cintas' most recent sustainability report can be found on our website at www.cintas.com/company/esg.

Human Capital

Cintas' key human capital management objectives are to attract, retain and develop talent to deliver on the Company's strategy. To support these objectives, Cintas' human resources programs are designed to: keep people safe and healthy; enhance the Company's culture through efforts aimed at making the workplace more inclusive; acquire and retain diverse talent; reward and support employee-partners through competitive pay and benefit programs; develop talent to prepare them for critical roles and leadership positions; and facilitate internal

talent mobility to create a high-performing workforce. The principles and values our employee-partners share are the driving force behind all our accomplishments. At May 31, 2024, Cintas employed approximately 46,500 employee-partners in our global workforce, of which approximately 1,000 were represented by labor unions.

Our primary areas of focus in managing our human capital include the following:

Corporate Culture

We believe that our culture at Cintas is just as essential as our products and services. Our culture impacts the quality of the employee-partners we hire, the way we communicate and interact with our customers and each other and our performance standards. Our culture is the cornerstone representing our values, our behaviors, our way of working and how we approach our business, which is strong relationships and a dedication to taking care of one another and our customers. We operate according to the Cintas Code of Conduct and Business Ethics, available on our website www.cintas.com, which mandates full compliance with applicable laws and regulations and helps to preserve the integrity of our Company.

Talent Development

Cintas is committed to the continued development of its employee-partners. We provide numerous training opportunities for our employee-partners, with a focus on continuous learning and development and methodologies to manage performance, provide feedback and develop talent. We offer a wide array of training solutions (classroom, hands-on and e-learning) for our employee-partners. Our talent development programs strive to provide employee-partners resources to achieve career goals and build management and leadership skills. We offer mentoring programs, a management trainee program and executive leadership programs to support the professional growth of our employee-partners and ensure we have the right succession plans in place.

Health and Safety

We aspire to achieve zero workplace injuries and collisions and provide a safe, open, healthy and accountable work environment for our employee-partners. To align with internationally recognized standards, we have implemented an occupational health and safety management system in accordance with the Occupational Safety and Health Administration (OSHA) that is modeled after the International Organization for Standardization (ISO) 45001 and OSHA Voluntary Protection Program (VPP). Employee-partners, contractors, vendors and visitors are all covered by the system, which focuses on hazard prevention, training, management commitment and worker involvement. We are also committed to continuously improving performance through our Health and Safety Improvement Committees in every operation, while corporate health and safety employee-partners conduct annual reviews of our operations. Additionally, every year our employee-partners receive online, on-the-job and classroom training on over 50 health and safety topics, and all maintenance staff must complete our award-winning Maintenance Safety Certification process. Every Cintas driver completes monthly driver safety training courses and/or on-the-road skills evaluations. All production-related managers attend OSHA's 10-hour Safety Improvement course, and each member of our Senior Management team takes the Management and Leadership Skills for Environmental Health and Safety Professionals Course, part of the Harvard T.H. Chan School of Public Health safety and health curriculum. In addition, we provide several channels for all employee-partners to speak up, ask for guidance and report concerns related to ethics or safety violations, and we seek to address those concerns and take appropriate actions to uphold our Cintas values and health and safety culture. Through these efforts, Cintas has reduced our recordable injury rate by over 80% since 2008, has been awarded 128 OSHA Star sites in the VPP, which is more than triple any other company in the U.S. and has received numerous safety, health and ergonomics awards from national and international groups.

Employee-Partner Wellness

We are committed to the physical and mental health and wellness of our employee-partners. We provide our employee-partners and their families with access to a variety of health and wellness programs, including our long-running Live Well program that supports employee-partners on their health and wellness journeys. We provide free annual biometric screening and health assessments at work or offsite, annual free flu shots, a tobacco cessation program, weight management programs and an employee-partner assistance program, which offers advice on mental health, legal and financial issues.

Diversity, Equity & Inclusion

Cintas supports diversity, equity and inclusion by fostering a respectful, creative and productive environment where all employee-partners can reach their full potential without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability or protected veteran status. We actively recruit, retain, develop and advance a diverse and talented workforce. We have six Employee-Partner Business Resource Groups, focused on Women, African Americans, Hispanic and Latin Americans, Asian American/Pacific Islanders, LGBTQ+ and Military and Veteran employee-partners. These groups provide platforms for our employee-partners to showcase skills, experiences and perspectives. The Employee-Partner Business Resource Groups also help foster inclusion among all employee-partners to build awareness, recruit and retain a diverse workforce and support the overall success of Cintas. We also have a diverse Management Trainee program that helps Cintas find and develop the best talent for our leadership pipeline, and we monitor representation across management positions. Cintas' diversity, equity and inclusion efforts are led by our Senior Vice President of Human Resources and Chief Diversity Officer. This position reports to our Chief Executive Officer and works to help achieve our goals and obtain a diverse and talented workforce, which is critical to our success.

Compensation Programs and Employee Benefits

Our compensation and benefits programs provide a total rewards package designed to attract, retain and motivate our employee-partners. In addition to competitive base salaries, the total rewards package (which may vary by position and country) includes, among other items, commissions, bonuses, long-term incentives, retirement savings plans, medical insurance, prescription drug benefits, dental insurance, vision insurance, accident and critical illness insurance, life and disability insurance, health savings accounts, flexible spending accounts and an employee-partner assistance program.

Item 1A. Risk Factors

The statements in this section describe the most significant risks that could materially and adversely affect our business, consolidated financial condition and consolidated results of operation and the trading price of our debt or equity securities. Although the risks are organized by headings, and each risk is discussed separately, many are interrelated. Readers should not interpret the disclosure of any risk factor to imply that the risk has not already materialized.

In addition, this section sets forth statements which constitute our cautionary statements under the Private Securities Litigation Reform Act of 1995.

This Annual Report on Form 10-K contains forward-looking statements. The Private Securities Litigation Reform Act of 1995 provides a safe harbor from civil litigation for forward-looking statements. Forward-looking statements may be identified by words such as "estimates," "anticipates," "predicts," "projects," "plans," "expects," "intends," "target," "forecast," "believes," "seeks," "could," "should," "may" and "will" or the negative versions thereof and similar words, terms and expressions and by the context in which they are used. Such statements are based upon current expectations of Cintas and speak only as of the date made. You should not place undue reliance on any forward-looking statement. We cannot guarantee that any forward-looking statement will be realized. These statements are subject to various risks, uncertainties, potentially inaccurate assumptions and other factors that could cause actual results to differ from those set forth in or implied by this Annual Report. Factors that might cause such a difference include, but are not limited to, the possibility of greater than anticipated operating costs including energy and fuel costs; lower sales volumes; loss of customers due to outsourcing trends; the performance and costs of integration of acquisitions; supply chain constraints and macroeconomic conditions, including inflationary pressures and higher interest rates; fluctuations in costs of materials and labor, including increased medical costs; costs and possible effects of union organizing activities; failure to comply with government regulations concerning employment discrimination, employee pay and benefits and employee health and safety; the effect on operations of exchange rate fluctuations, tariffs and other political, economic and regulatory risks; uncertainties regarding any existing or newly-discovered expenses and liabilities related to environmental compliance and remediation; our ability to meet our aspirations relating to environmental, social and governance (ESG) opportunities, improvements and efficiencies; the cost, results and ongoing assessment of internal controls for financial reporting; the effect of new accounting pronouncements; risk associated with cybersecurity threats, including disruptions caused by the inaccessibility of computer systems data and cybersecurity risk management; the initiation or outcome of litigation, investigations or other proceedings; higher

assumed sourcing or distribution costs of products; the disruption of operations from catastrophic or extraordinary events including global health pandemics; the amount and timing of repurchases of our common stock, if any; changes in global tax and labor laws; and the reactions of competitors in terms of price and service. Cintas undertakes no obligation to publicly release any revisions to any forward-looking statements or to otherwise update any forward-looking statements whether as a result of new information or to reflect events, circumstances or any other unanticipated developments arising after the date on which such statements are made, except otherwise as required by law. These risks and uncertainties include, but are not limited to, those described in this section and elsewhere in this report and may also be described from time to time in our future reports filed with the SEC. The risks and uncertainties described herein are not the only ones we may face. Additional risks and uncertainties presently not known to us or that we currently believe to be immaterial may also harm our business. Forward-looking and other statements in this Annual Report on Form 10-K regarding our greenhouse gas (GHG) reduction plans and other ESG aspirations are not an indication that these statements are necessarily material to investors or required to be disclosed in our filings with the SEC. In addition, historical, current and forward-looking GHG-related and/or ESG-related statements may be based on standards for measuring progress that are still developing, internal controls and processes that continue to evolve and assumptions that are subject to change in the future.

Risks Relating to Business Strategy and Operations

Negative global economic factors may adversely affect our financial performance.

Negative economic conditions, in North America and our other markets, may adversely affect our financial performance. Higher levels of unemployment, inflation, recessionary conditions, geopolitical developments, tax rates and other changes in tax laws and other economic factors could adversely affect the demand for Cintas' products and services. Increases in labor costs, including the cost to provide employee-partner related healthcare benefits, minimum wages, labor shortages or shortages of skilled labor, regulations regarding the classification of employees and/or their eligibility for overtime wages, higher material costs for items such as fabrics and textiles, the inability to obtain insurance coverage at cost-effective rates, higher interest rates, inflation, global health pandemics, higher tax rates and other changes in tax laws and other economic factors could increase our costs of rental uniforms and facility services, cost of other services and selling and administrative expenses. As a result, these factors could adversely affect our revenue and consolidated results of operations.

Increased competition could adversely affect our consolidated results of operations.

We operate in highly competitive industries and compete with national, regional and local providers. Product, design, price, quality, service and convenience to the customer are the competitive elements in these industries. If existing or future competitors seek to gain or retain market share by reducing prices, Cintas may be required to lower prices, which would adversely affect our consolidated results of operations. Cintas' competitors also generally compete with Cintas for acquisition candidates, which can increase the price for acquisitions and reduce the number of available acquisition candidates. In addition, our customers and prospects may decide to perform certain services in-house instead of outsourcing these services to us. These competitive pressures could adversely affect our revenue and consolidated results of operations.

An inability to open new, cost-effective operating facilities may adversely affect our expansion efforts.

We plan to expand our presence in existing markets and enter new markets. The opening of new operating facilities is necessary to gain the capacity required for this expansion. Our ability to open new operating facilities depends on our ability to identify attractive locations, negotiate leases or real estate purchase agreements on acceptable terms, identify and obtain adequate utility and water sources and comply with environmental regulations, zoning laws and other similar factors. Any inability to effectively identify and manage these items may adversely affect our expansion efforts, and consequently, adversely affect our consolidated results of operations.

Risks associated with our acquisition practice could adversely affect our consolidated results of operations.

Historically, a portion of our growth has come from acquisitions. We continue to evaluate opportunities for acquiring businesses that may supplement our internal growth. However, there can be no assurance that we will be able to identify and purchase suitable acquisitions. In addition, the success of any acquisition, including the ability to realize anticipated cost synergies, depends in part on our ability to integrate the acquired company. The

process of integrating acquired businesses may involve unforeseen difficulties and may require a disproportionate amount of our management's attention and our financial and other resources. If management is not able to effectively manage the integration process, or if any significant business activities are interrupted as a result of the integration process, we may not be able to realize anticipated cost synergies resulting from acquisitions and our business could suffer. Although we conduct due diligence investigations prior to each acquisition, there can be no assurance that we will discover or adequately protect against all material liabilities of an acquired business for which we may be responsible as a successor owner or operator. The failure to identify suitable acquisitions and successfully integrate these acquired businesses, or to discover liabilities associated with such businesses in the diligence process, could adversely affect our consolidated results of operations.

Risks associated with the suppliers from whom our products are sourced could adversely affect our consolidated results of operations.

The products we sell are sourced from a wide variety of domestic and international suppliers. Global sourcing of many of the products we sell is an important factor in our financial performance. We require all our suppliers to comply with applicable laws, including labor and environmental laws, and otherwise be certified as meeting our required supplier standards of conduct. Our ability to find qualified suppliers who meet our standards, and to access products in a timely and efficient manner, is a significant challenge, especially with respect to suppliers located and goods sourced outside the U.S. Political and economic stability in the countries in which foreign suppliers are located, the financial stability of suppliers, suppliers' failure to meet our supplier standards, labor problems experienced by our suppliers, the availability of raw materials to suppliers, currency exchange rates, transport availability and cost, inflation and other factors relating to the suppliers and the countries in which they are located are beyond our control. In addition, U.S. and foreign trade policies, tariffs and other impositions on imported goods, trade sanctions imposed on certain countries, the limitation on the importation of certain types of goods or of goods containing certain materials from other countries and other factors relating to foreign trade are beyond our control. These and other factors, including the potential negative impact of global health pandemics affecting our suppliers and our access to products could adversely affect our consolidated results of operations.

We rely extensively on information technology systems, including third-party systems, to process transactions, maintain information and manage our businesses. Disruptions in the availability of any internal or external information technology systems due to implementation of a new system or otherwise, or privacy breaches involving information technology systems, could impact our ability to service our customers and adversely affect our revenue, consolidated results of operations and reputation and expose us to litigation risk.

Our businesses rely on various information technology systems, including third-party systems, to provide customer information, process customer transactions and provide other general information necessary to manage our businesses. Our information technology systems are subject to damage or interruption due to cybersecurity attacks, system conversions, power outages, computer or telecommunication failures, catastrophic events such as fires, tornadoes and hurricanes and usage errors by our employees. Although we have an active disaster recovery plan in place that is frequently reviewed and tested, and we believe that we have adopted appropriate measures to mitigate potential risks to our technology and our operations from these information technology-related and other potential disruptions, given the unpredictability of the timing, nature and scope of such disruptions, we could potentially be subject to production downtimes, operational delays and interruptions in our ability to provide products and services to our customers. Any disruption caused by the unavailability of our information technology systems could adversely affect our revenue, could require us to make a significant investment to fix or replace them and, therefore, could adversely affect our consolidated results of operations.

Cyber-security attacks are evolving, and cybercriminals have increasingly demonstrated advanced capabilities, such as zero-day vulnerabilities and rapid integration of new technology such as generative artificial intelligence. Cyber-security attacks may include, but are not limited to, malicious software, attempts to gain unauthorized access to data and other electronic security breaches that could lead to disruptions in systems, unauthorized release of confidential or otherwise protected information and corruption of data. Our response to cybersecurity incidents, and our investments in our technology and our controls, processes and practices related to cybersecurity incidents and risks from cybersecurity threats, may not be sufficient to shield us from significant losses or liability. Given the increasing sophistication of bad actors and complexity of the techniques used to obtain unauthorized access or disable systems, a cybersecurity breach or attack could potentially persist for an extended period of time before being detected. As a result, we may not be able to anticipate the attack or

respond adequately or timely, and the extent of a particular cybersecurity incident, and the steps that we may need to take to investigate the incident, may not be immediately clear. It could take a significant amount of time before an investigation can be completed and full, reliable information about the incident becomes known. During an investigation, it is possible we may not necessarily know the extent of the harm or how to remediate it, which could further adversely impact us. In addition, new regulations could result in us being required to disclose information about a material cybersecurity incident before it has been mitigated or resolved, or even fully investigated.

We have experienced cybersecurity incidents in the past, but none of these incidents, individually or in the aggregate, have had a material adverse effect on our business or results of operations. If the network of security controls, policy enforcement mechanisms and monitoring systems to address these threats to our technology fails, or we are unable to successfully address cybersecurity incidents or the risks from cybersecurity threats, we could experience production downtimes, operational delays and interruptions in our ability to provide products and services to our customers, the compromising of confidential or otherwise protected Company, customer, or employee information, destruction or corruption of data, security breaches, or other manipulation or improper use of our systems and networks which could result in financial losses from remedial actions, loss of business or potential liability and damage to our reputation.

In addition, we rely on software applications, enterprise cloud storage systems and cloud computing services provided by third-party vendors for certain information technology services, including our SAP enterprise system, payroll data, risk management data and lease data. If these third-party vendors, as well as our suppliers and other vendors, experience service interruptions or damage, security breaches, cyber-attacks, computer viruses, ransomware or other similar events or intrusions, our business and our consolidated results of operations may be adversely affected.

The world has experienced an exponential level of growth in the availability of potential applications of artificial intelligence (AI). AI could disrupt certain aspects of our business and evolve use of technology in ways that are not yet known. If we are not able to adapt and effectively incorporate potential advantages of AI in our business, it may negatively impact our ability to compete. On the other hand, if we are not able to effectively manage the risks of AI, including the potential for poor or inconsistent quality, privacy concerns, risks related to automated decision-making, and the potential for exposure of confidential and/or propriety information, we may suffer harm to our consolidated results of operations and reputation.

Failure to achieve and maintain effective internal controls could adversely affect our business and stock price.

Effective internal controls are necessary for us to provide reliable financial reports. All internal control systems, no matter how well designed, have inherent limitations. Therefore, even those systems determined to be effective can provide only reasonable assurance with respect to the consolidated financial statement preparation and presentation. While we continue to evaluate our internal controls, we cannot be certain that these measures will ensure that we implement and maintain adequate controls over our financial processes and reporting in the future. If we fail to maintain the adequacy of our internal controls or if we or our independent registered public accounting firm were to discover material weaknesses in our internal controls, as such standards are modified, supplemented or amended, we may not be able to ensure that we can conclude on an ongoing basis that we have effective internal control over financial reporting in accordance with Section 404 of the Sarbanes-Oxley Act of 2002. Failure to achieve and maintain an effective internal control environment could cause us to be unable to produce reliable financial reports or prevent fraud. This may cause investors to lose confidence in our reported financial information, which could have a material adverse effect on our stock price.

We may experience difficulties in attracting and retaining competent personnel in key positions. Failure to preserve positive labor relationships with our employee-partners could adversely affect our consolidated results of operations.

We believe that a key component of our success is our corporate culture, which has been imparted by management throughout our corporate organization. Our corporate culture, along with our entire operation, depends on our ability to attract, develop and retain key employee-partners. Competitive pressures and labor shortages within and outside our industry may make it more difficult and expensive for us to attract and retain key employee-partners which could adversely affect our businesses.

We believe we have positive labor relationships with our employee-partners. However, factors such as difficulty to attract key employees, reduced employee engagement, third-party organizational efforts and increased employee-partner turnover could adversely affect our labor relationships with our employee-partners. A failure to preserve positive labor relationships with our employee-partners and could adversely affect our consolidated financial condition and consolidated results of operations.

Unexpected events could negatively impact our business and adversely affect our consolidated results of operations.

Unexpected events, including fires or explosions at facilities, severe weather conditions and natural disasters such as hurricanes, fires, floods, droughts and tornadoes (including those caused by climate change), geopolitical conflicts, war or terrorist activities, unplanned outages, global health pandemics, supply disruptions, failure of equipment or systems or changes in laws and/or regulations impacting our businesses, could adversely affect our consolidated results of operations. Any of these events could result in customer disruption, physical damage to one or more key operating facilities, the temporary closure of one or more key operating facilities or the temporary disruption of information systems. In addition, negative publicity related to such unexpected events, whether warranted or not, may impact brand image perception and could adversely affect our consolidated results of operations.

Financial Risks

Our indebtedness may limit cash flow available to invest in the ongoing needs of our business.

Our outstanding indebtedness along with adverse interest rate fluctuations may have negative consequences on our business, such as requiring us to dedicate a substantial portion of our cash flow from operations to the payment of debt service, reducing the availability of our cash flow to fund working capital, capital expenditures, acquisitions, dividend increases, stock buybacks and other general corporate purposes, as well as increase our vulnerability to adverse economic or industry conditions. In addition, it may limit our ability to obtain additional financing in the future to enable us to react to changes in our business or industry or place us at a competitive disadvantage compared to businesses in our industry that have less debt.

Changes in the fuel and energy industry could adversely affect our consolidated financial condition and consolidated results of operations.

The price of fuel and energy needed to run our vehicles and equipment is unpredictable and fluctuates based on events outside of our control, including geopolitical developments, supply and demand fluctuations for fuel and other energy related products, actions by energy producers, war and unrest in oil producing countries, regional production patterns, limits on refining capacities, natural disasters, environmental concerns including the impact of legislative and regulatory efforts to limit GHG emissions and global health pandemics. Increases in fuel and energy costs could adversely affect our consolidated financial condition and consolidated results of operations.

Fluctuations in foreign currency exchange could adversely affect our consolidated financial condition and consolidated results of operations.

We earn revenue, pay expenses, own assets and incur liabilities in countries using currencies other than the U.S. dollar, primarily the Canadian dollar. In fiscal years 2024, 2023 and 2022, revenue denominated in currencies other than the U.S. dollar represented less than 10% of our consolidated revenue. Because our consolidated financial statements are presented in U.S. dollars, we must translate revenue and expenses, as well as assets and liabilities, into U.S. dollars at exchange rates in effect during or at the end of each reporting period. Therefore, fluctuations in the value of the U.S. dollar against other major currencies, particularly in the event of significant increases in foreign currency revenue, will impact our revenue and operating income and the value of consolidated balance sheet items denominated in foreign currencies. This impact could adversely affect our consolidated financial condition and consolidated results of operations.

We may recognize impairment charges, which could adversely affect our consolidated financial condition and consolidated results of operations.

We assess our goodwill and other intangible assets and our long-lived assets for impairment when required by U.S. Generally Accepted Accounting Principles (U.S. GAAP). These accounting principles require that we record an impairment charge if circumstances indicate that the asset carrying values exceed their estimated fair values. The estimated fair value of these assets is impacted by, but not limited to, macroeconomic, industry and market conditions in the locations in which we operate. Deterioration in these general economic conditions may result in: declining revenue, which can lead to excess capacity and declining operating cash flow; reductions in management's estimates for future revenue and operating cash flow growth; increases in borrowing rates and other deterioration in factors that impact our weighted average cost of capital; and deteriorating real estate values. If our assessment of goodwill, other intangible assets or long-lived assets indicates an impairment of the carrying value for which we recognize an impairment charge, this may adversely affect our consolidated financial condition and consolidated results of operations.

The effects of credit market volatility and changes in our credit ratings could adversely affect our liquidity and consolidated results of operations.

Our operating cash flows, combined with access to the credit markets, provide us with significant discretionary funding capacity. Our access to the credit markets will depend on a variety of factors, such as prevailing economic and credit market conditions, the general availability of credit, the overall availability of credit to our industry, our credit ratings and credit capacity and perceptions of our financial prospects. For example, in the event that the ratings of our commercial paper or our outstanding long-term debt issues were substantially lowered or withdrawn for any reason, or if the ratings assigned to any new issue of long-term debt securities were significantly lowered, particularly if we no longer had investment grade ratings, our ability to access the debt markets may be adversely affected. In addition, deterioration in the global credit markets may limit our ability to access credit markets, which could adversely affect our liquidity and/or increase our cost of borrowing. In addition, credit market deterioration and its actual or perceived effects on our results of operations and financial condition, along with deterioration in general economic conditions, may increase the likelihood that the major independent credit agencies will downgrade our credit ratings, which could increase our cost of borrowing. Increases in our cost of borrowing could adversely affect our consolidated results of operations.

Legal and Regulatory Risks

Failure to comply with federal and state regulations to which we are subject could result in penalties or costs that could adversely affect our consolidated results of operations.

Our business is subject to complex and stringent state and federal regulations, including employment laws and regulations, minimum wage requirements, overtime requirements, working condition requirements, citizenship requirements, transportation laws and regulations, ESG-related regulations, cybersecurity laws and regulations, data privacy and protection laws and regulations, environmental regulations, and other laws and regulations. In particular, we are subject to the regulations promulgated by the U.S. Department of Transportation (USDOT) and under the Occupational Safety and Health Act of 1970, as amended (OSHA Act). We have incurred, and will continue to incur, capital and operating expenditures and other costs in the ordinary course of our business in complying with the USDOT regulations, the OSHA Act and other laws and regulations to which we are subject. Changes in laws, regulations and the related interpretations, including any laws or regulations that may be enacted by the current U.S. presidential administration and Congress, may alter the landscape in which we do business and may affect our costs of doing business. The impact of new laws and regulations cannot be predicted. Compliance with new laws and regulations may increase our operating costs or require significant capital expenditures. Any failure to comply with applicable laws or regulations could result in substantial fines by government authorities, payment of damages to private litigants, or possible revocation of our authority to conduct our operations, which could adversely affect our ability to service customers and our consolidated results of operations. In addition, we expect there will likely be increasing levels of regulation, disclosure-related and otherwise, with respect to ESG matters, and increased regulation will likely lead to increased compliance costs as well as scrutiny that could heighten all of the risks identified in this risk factor.

We are subject to legal proceedings that may adversely affect our consolidated financial condition and consolidated results of operations.

We are subject to various litigation claims and legal proceeding arising from the ordinary course of our business, including personal injury, customer contract, environmental and employment claims. Certain of these lawsuits or potential future lawsuits, if decided adversely to us or settled by us, may result in liability and expense material to our consolidated financial condition and consolidated results of operations.

Compliance with environmental laws and regulations could result in significant costs that adversely affect our consolidated results of operations.

Our operating locations are subject to environmental laws and regulations relating to the protection of the environment and health and safety matters, including those governing discharges of pollutants to the air and water, the management and disposal of hazardous substances and wastes and the clean-up of contaminated sites. The operation of our businesses entails risks under environmental laws and regulations. We could incur significant costs, including clean-up costs, fines and sanctions and claims by third parties for property damage and personal injury, as a result of violations of or liabilities under these laws and regulations. We are currently involved in a limited number of remedial investigations and actions at various locations. While based on information currently known to us, we believe that we maintain adequate reserves with respect to these matters, our liability could exceed forecasted amounts, and the imposition of additional clean-up obligations or the discovery of additional contamination at these or other sites could result in significant additional costs which could adversely affect our consolidated results of operations. In addition, potentially significant expenditures could be required to comply with environmental laws and regulations, including requirements that may be adopted or imposed in the future.

Under applicable environmental laws, an owner or operator of real estate may be required to pay the costs of removing or remediating hazardous materials located on or emanating from property, whether or not the owner or operator knew of or was responsible for the presence of such hazardous materials. While we regularly engage in environmental due diligence in connection with acquisitions, we can give no assurance that locations that have been acquired or leased have been operated in compliance with environmental laws and regulations during prior periods or that future uses or conditions will not make us liable under these laws or expose us to third-party actions, including tort suits.

Increased global focus on climate change may result in the imposition of new or additional regulations or requirements applicable to, and increased financial risks for, our business and industry. A number of government authorities and agencies have introduced or are contemplating regulatory changes to address climate change, including the regulation of GHG emissions. The outcome of new legislation or regulation in the U.S. and other jurisdictions in which we operate may result in new or additional requirements, including to fund energy efficiency activities or renewable energy use, and fees or restrictions on certain activities or materials. Compliance with these climate change initiatives may also result in additional costs to us, including, among other things, increased production costs, additional taxes, additional investments in renewable energy use and other initiatives, reduced emission allowances or additional restrictions on production or operations. We may not be able to timely recover the cost of compliance with such new or more stringent laws and regulations, which could adversely affect our consolidated results of operations.

Increasing scrutiny and evolving expectations from investors, customers, regulators, policymakers and other stakeholders regarding ESG matters may adversely affect our reputation or otherwise adversely impact our share price, demand for our securities and business and results of operations.

Companies across all industries are facing increasing scrutiny from stakeholders related to ESG matters, including practices and disclosures related to environmental stewardship; social responsibility; diversity, equity and inclusion; and workplace rights. The heightened and sometimes conflicting stakeholder focus on ESG issues related to our business requires the continuous monitoring of various and evolving laws, regulations, standards and expectations and the associated reporting requirements. As the nature, scope and complexity of ESG reporting, diligence and disclosure requirements expand, we may have to undertake additional costs to control, assess and report on ESG metrics. Any failure or perceived failure, whether or not valid, to pursue or fulfill our ESG aspirations, targets or objectives or to satisfy various ESG reporting standards within the timelines we announce, or at all, could result in adverse publicity, reputational harm, or loss of customer and/or investor confidence, which could adversely affect our business and consolidated results of operations. In addition, our share price and demand for our securities could be adversely affected.

In addition, our ability to achieve our ESG aspirations, including to achieve Net Zero GHG emissions by 2050, and to accurately and transparently report our progress presents numerous operational, financial, legal and other risks, and may be dependent on the actions of suppliers and other third parties, significant technological advancements with respect to the development and availability of reliable, affordable and sustainable alternative solutions, all of which are outside of our control. If we are unable to meet our ESG aspirations or evolving stakeholder expectations and industry standards, or if we are perceived to have not responded appropriately to the growing concern for ESG issues, our reputation could be negatively impacted. In addition, in recent years, investor advocacy groups and certain institutional investors have placed increasing importance on ESG matters. If, as a result of their assessment of our ESG practices, certain investors are unsatisfied with our actions or progress, they may reconsider their investment in our Company.

Increases in income tax rates, changes in income tax laws or unfavorable resolution of tax matters could adversely impact our consolidated results of operations.

Changes in tax laws or regulations in the jurisdictions in which we do business, or other tax law implementations or interpretations, including the Inflation Reduction Act (IRA), which includes a corporate alternative minimum tax on certain large corporations, incentives to address climate change mitigation and other non-income tax provisions, including an excise tax on the repurchase of corporate stock could increase our effective tax rate, restrict our ability to repatriate undistributed offshore earnings, or impose new restrictions, costs or prohibitions on our current practices and reduce our net income and adversely affect our cash flows. In addition, some countries have enacted or have committed to enact Pillar Two global minimum tax, which may increase our tax expense in future years.

We are also subject to tax audits, including with respect to transfer pricing, in the U.S. and other jurisdictions and our tax positions may be challenged by tax authorities. Although we believe that our current tax provisions are reasonable and appropriate, there can be no assurance that these items will be settled for the amounts accrued, that additional tax exposures will not be identified in the future or that additional tax reserves will not be necessary for any such exposures. Any increase in the amount of taxation incurred as a result of challenges to our tax filing positions could result in a material adverse effect on our business, consolidated results of operations and consolidated financial condition.

Item 1B. Unresolved Staff Comments

None.

Item 1C. Cybersecurity

We have a cross-departmental approach to addressing cybersecurity risk, including input from employees and our Board of Directors (the Board). The Board, Audit Committee and senior management devote significant resources to cybersecurity and risk management processes to adapt to the changing cybersecurity landscape and respond to emerging threats in a timely and effective manner. Our cybersecurity risk management program is incorporated into our enterprise risk management program and leverages industry standards and best practices, such as the National Institute of Standards and Technology (NIST) framework, which organizes cybersecurity risks into five categories: identify, protect, detect, respond and recover. We regularly assess the threat landscape and take a holistic view of cybersecurity risks, with a layered cybersecurity strategy based on prevention, detection and mitigation. We have a set of Company-wide policies and procedures concerning cybersecurity matters, which include numerous written information technology (IT) security policies, standards, procedures and guidelines as well as other policies that directly or indirectly relate to cybersecurity, such as policies related to encryption standards, antivirus protection, remote access, multifactor authentication, confidential information and the use of the internet, social media, email and wireless devices. These policies go through an internal review process and are approved by appropriate members of management.

The Company's Chief Information Security Officer (CISO) is responsible for developing and implementing and managing our cybersecurity security program and reporting on cybersecurity matters to the Audit Committee and the Board. Our CISO has over fifteen years of IT and cybersecurity leadership experience and has various industry related degrees and certifications, including a master's in information technology and the Certified Information Systems Security Professional (CISSP) and Certified in Risk and Information Systems Control (CRISC) certifications. The Board has ultimate oversight of cybersecurity risk, which it manages as part of our enterprise risk management program. That program is utilized in making decisions with respect to Company priorities, resource allocations and oversight structures. The Board is assisted by the Audit Committee, which regularly reviews our cybersecurity program with the CISO and other members of management and reports back to the Board. The Audit Committee receives reports from the CISO on, among other things, the Company's cyber risks and threats, the status of projects to strengthen the Company's information security systems, assessments of the Company's security program and the emerging threat landscape. Cybersecurity reviews by the Audit Committee or the Board occur quarterly, or more frequently as determined to be necessary or advisable.

We view cybersecurity as a shared responsibility, and we periodically perform simulations and tabletop exercises at technical and executive levels and incorporate external resources and advisors, as needed. In an effort to detect and defend against cyber threats, the Company provides its employee-partners with various cybersecurity and data protection training programs and requires annual security awareness training participation. These programs cover timely and relevant topics, including social engineering, phishing, password protection, confidential data protection, asset use and mobile security, and these programs educate employee-partners on the importance of reporting all incidents promptly to the IT Security team. We also require employee-partners in certain roles to complete additional role-based, specialized cybersecurity trainings.

We have continued to expand investments in IT security, including additional end-user training, using layered defenses, identifying and protecting critical assets, strengthening monitoring and alerting, and engaging experts. At the management level, our IT security team regularly monitors, alerts and meets to discuss threat levels, trends and remediation. The team also prepares a monthly cyber scorecard which covers cyber operational controls along with internal and external threats. Annual risk and cyber maturity assessments are conducted by independent third parties. Further, we conduct periodic external penetration tests and response testing to assess our processes and procedures against the evolving threat landscape. These tests and assessments are useful tools for maintaining a robust cybersecurity program that is designed to protect our investors, customers, employees, vendors and intellectual property.

In addition to assessing our own cybersecurity preparedness, we also consider and evaluate cybersecurity risks associated with use of third-party service providers. We seek to engage reliable, reputable service providers that maintain cybersecurity programs. Depending on the nature of the services provided, the sensitivity and quantity of information processed, and the identity of the service provider, our vendor management process may include reviewing the cybersecurity practices of such provider, conducting security assessments and conducting periodic reassessments during their engagement. Our IT security team conducts an annual review of third parties with a specific focus on any sensitive data shared with third parties. System and Organization Controls (SOC) reports are

4H

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Cyclomedica USA LLC

Physical Address: 5126 South Royal Atlanta Dr.

City: Tucker State: GA Zip: 30084

Mailing Address (if different from physical address): 1600 Parkwood Cir SE STE 200

City: Atlanta State: GA Zip: 303339-2119

Telephone: +1-888-858-6439 Website: https://www.cyclomedica.com/company/cyclopharm/

Name of Designated Representative (DR): Kenneth Duke

Licensing Company Email: elizabeth.reger@eversana.com DR Email: kduke@cyclomedica.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☑ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☑ Others: virtual manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____ **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Cyclomedica Australia Pty Ltd

Corporation/Organization Name: _____

Mailing Address: Unit 4 / 1 the crescent Kingsgrove NSW Australia

City: _____ State: _____ Zip: _____

Telephone: +61415188850 Email: mfarag@cyclopharm.com.au

Contact Person Name: Mat Farag

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Cyclomedica USA LLC

Facility Name

Kenneth Duke

Print Name of Authorized Person Submitting Application

Ken Duke

Original signature of Authorized Person (copies or stamps not accepted)

3/27/2025

Date

Board Use Only	Date Received: 5/12/25	Amount: $1000 CK 24817

From: StateLicensing <StateLicensing@Eversana.com>
Sent: Friday, May 23, 2025 11:47 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>; StateLicensing <StateLicensing@Eversana.com>
Cc: kduke@cyclomedica.com
Subject: RE: Nevada Out-of-State Wholesaler Application-Cyclomedica USA LLC

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.
Hi Maria,

Please find attached and below, thank you for your review!

- Confirm if the wholesaler is a facility that distributes prescription drugs/prescription devices manufactured by a single manufacturer – yes, there is one contract manufacturer of Cyclomedica USA LLC and one distributor of the products (see attached CMO and 3PL distributor information)

- Employee list of all the employees in the facility **NRS 639.505** – just **one** employee at this site, Ken Duke:

Ken Duke | Director of Pharmaceutical Affairs
Cyclomedica USA e: kduke@cyclomedica.com **w:** cyclomedica.com
m: +1-912-507-3799 t: +1-229-598-1460 a: 5126 South Royal Atlanta Drive | Tucker GA 30084 | USA

Best,

Elizabeth Reger, MS
Regulatory Affairs Manager, Global Regulatory Consulting

cyclomedica

Cyclomedica USA, LLC Officers and Designated Representative

Officers

Name	Phone	Email
James McBrayer	[redacted]	jmcbrayer@cyclopharm.com.au
Mathew Farag		mfarag@cyclopharm.com.au
Kenneth Duke		kduke@cyclomedica

Designated Representative

Name	Phone	Email
Kenneth Duke	[redacted]	kduke@cyclomedica

cyclomedica

Cyclomedica LLC – CMO and 3PL Information

Contract Manufacturer Organization (CMO)

Name	Address	FDA Registration #
Cyclomedica Australia Pty Ltd	Unit 4 / 1 the crescent Kingsgrove NSW Australia	3009638066

Third-Party Logistics (3PL)

Name	Address
EVERSANA Life Science Services	4580 Mendenhall Road, Memphis, Tennessee 38141

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CYCLOMEDICA USA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CYCLOMEDICA USA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

7445484 8300

SR# 20251850706

Authentication: 203556474

Date: 04-29-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

Licensee Information

Name: Cyclomedica USA LLC

Owner:

DBA:

Address: 5126 South Royal Atlanta Drive
Tucker GA 30084

Primary Source License Information

Profession:	Pharmacy	**License No:**	PHWH005751	**License Status:**	Active
License Type:	Wholesaler Pharmacy	**Obtained By Method:**	Application	**License Subtype:**	
Issue Date:	1/30/2024	**Expiration Date:**	6/30/2027	**Last Renewal Date:**	5/24/2025

Discipline Information

- Public Board Orders -

If a public board order exists, it may be listed below.
Public Board Order means that there is a public document concerning the licensee.
The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action.

Please understand that the absence of a scanned order linked to this record does not necessarily mean that no public actions exist.

No scanned public board order documents exist.

Associated Licenses

No data available

You may close this window to return to your search results

Data current as of: July 25, 2025 13:40:28
This website is to be used as a primary source verification for licenses issued by the Boards of Dentistry and Pharmacy. Paper verifications are available for a fee. Please contact the Boards of Dentistry and Pharmacy at 404-651-8000.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 7901264358

Application/License No. _____

Cyclomedica USA LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 5126 South Royal Atlanta Dr.,Tucker, GA 30084 (Address of Applicant/Principal), as PRINCIPAL, and Nationwide Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of OH (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1100 Locust St, Dept 2006, Des Moines, IA 50391 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 07/31/2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 31st day of July, 2025.

APPLICANT/PRINCIPAL

COMPANY
Cyclomedica USA LLC

Authorized Representative

SURETY

Nationwide Mutual Insurance Company

Surety Company's Representative

Jeremy John Crawford, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS THAT:

Nationwide Mutual Insurance Company, an Ohio corporation

hereinafter referred to severally as the "Company" and collectively as "the Companies" does hereby make, constitute and appoint:

AMANDA QUIGLEY; BRAD QUIRI; ETHAN BAKER; JEREMY JOHN CRAWFORD;

each in their individual capacity, its true and lawful attorney-in-fact, with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings, and other obligatory instruments of similar nature, in penalties not exceeding the sum of

UNLIMITED

and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This power of attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the board of directors of the Company:

"RESOLVED, that the president, or any vice president be, and each hereby is, authorized and empowered to appoint attorneys-in-fact of the Company, and to authorize them to execute and deliver on behalf of the Company any and all bonds, forms, applications, memorandums, undertakings, recognizances, transfers, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature that the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority; provided, however, that the authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company."

"RESOLVED FURTHER, that such attorneys-in-fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto; provided, however, that said seal shall not be necessary for the validity of any such documents."

This power of attorney is signed and sealed under and by the following bylaws duly adopted by the board of directors of the Company.

Execution of Instruments. Any vice president, any assistant secretary or any assistant treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts, or other papers in connection with the operation of the business of the company in addition to the chairman of the board, the chief executive officer, president, treasurer or secretary; provided, however, the signature of any of them may be printed, engraved, or stamped on any approved document, contract, instrument, or other papers of the Company.

IN WITNESS WHEREOF, the Company has caused this instrument to be sealed and duly attested by the signature of its officer the 1st day of April, 2024.

Antonio C. Albanese, **Vice President** of Nationwide Mutual Insurance Company

ACKNOWLEDGMENT

STATE OF NEW YORK COUNTY OF KINGS: ss

On this 1st day of April, 2024, before me came the above-named officer for the Company aforesaid, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed hereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.

Sharon Laburda
Notary Public, State of New York
No. 01LA6427607
Qualified in Kings County
Commission Expires January 3, 2026

Notary Public
My Commission Expires
January 3, 2026

CERTIFICATE

I, Lezlie F. Chimienti, Assistant Secretary of the Company, do hereby certify that the foregoing is a full, true and correct copy of the original power of attorney issued by the Company; that the resolution included therein is a true and correct transcript from the minutes of the meetings of the boards of directors and the same has not been revoked or amended in any manner; that said Antonio C. Albanese was on the date of the execution of the foregoing power of attorney the duly elected officer of the Company, and the corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority of said board of directors; and the foregoing power of attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this 31st day of July, 2025.

Assistant Secretary

BDJ 1(04-24)00

Nationwide®

Nationwide Mutual Insurance Company

1100 Locust St, Dept. 2006
Des Moines, Iowa 50391-2006
Attn: Surety Claims Manager
Tel. 866-387-0457

Surety Claim Notification

Claim notices should be sent to the attention of the Surety Claims Manager via e-mail to bondclms@nationwide.com or via mail to the address above.

All other notices should be sent to the attention of the Surety Underwriting Department via e-email to bondcomm@nationwide.com or via mail to the address above.

Thank you for your cooperation.

Nationwide Mutual Insurance Company, Surety Department

Acknowledgment of Surety

State of Minnesota
County of Hennepin

On this 31st day of July 2025 before me personally appeared **Jeremy John Crawford** who acknowledged that he or she is the attorney in fact who is authorized to sign on behalf of **Nationwide Mutual Insurance Company** (surety company), the foregoing instrument, and he thereupon duly acknowledged to me that he executed the same.

Madison Santjer
Notary Public

MADISON KELLY SANTJER
Notary Public-Minnesota
My Commission Expires Jan. 31, 2029

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Cyclomedica USA LLC

Pharmacy/Wholesaler License # (if applicable): PHWH005751

Physical Address: 5126 South Royal Atlanta Dr.

City: Tucker State: Ga Zip: 30084

Mailing Address (if different from physical address): 1600 Parkwood Cir SE STE 200

City: Atlanta State: GA Zip: 30339-2119

Telephone: +1-888-858-6439 Website: https://www.cyclomedica.com/company/cyclopharm/

Licensing Company Email: kelly.connor@eversana.com

Section 2: Personal Information

First: Kenneth Middle: Martin Last: Duke

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: 31331

Telephone: [redacted] Email: kduke@cyclomedica.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Columbus State University		08/77 - 06/79	
Address	**City**	**State**	**Zip**
4225 University Ave7	Columbus	GA	31907
Diploma/Degree obtained, if any			
M.B.A. - Finance			

School Name		From - To (MM/YY – MM/YY)	
University of Georgia - College of Pharmacy		-8/74 - 6/77	
Address	**City**	**State**	**Zip**
R.C. Wilson Pharmacy Building 250 W. Green Street	Athens	GA	30602
Diploma/Degree obtained, if any			
B.S. Pharmacy - Registered Pharmacist GA 1977-Present			

School Name		From - To (MM/YY – MM/YY)	
Hardaway High School			
Address	**City**	**State**	**Zip**
2901 College Dr, Columbus, GA 31906	Columbus	GA	31906
Diploma/Degree obtained, if any			
Graduated H.S. 1973			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/1985 - Present	[redacted]	[redacted]	[redacted]	30606
09/87 - present				31331
02/22 - Present				33908
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

From: StateLicensing <StateLicensing@Eversana.com>
Sent: Friday, August 22, 2025 12:13 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>; StateLicensing <StateLicensing@Eversana.com>
Cc: kduke@cyclomedica.com
Subject: RE: Nevada Out-of-State Wholesaler Application-Cyclomedica USA LLC

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.
Hi Maria,

To clarify Section 6 regarding the Designated Representative's residences: Ken currently owns and resides at all three properties listed; however, his primary residence is the Athens, GA address.

Regarding Section 7, while Ken is currently employed at Cyclomedica, the form appeared to be requesting his prior experience in pharmacy and related areas as qualifications for this license, which he has provided accordingly.

Please let me know if any additional information or documentation is needed.

Kind Regards,
Kelly

Kelly Connor
Manager, Global Regulatory Consulting

Upcoming Holidays and PTO:
Labor Day – 9/1/25 – US offices closed

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Cyclomedica USA LLC			10/23 - Present	
Business Address		**City**	**State**	**Zip**
5126 South Royal Atlanta Drive		Tucker	GA	30084
Phone	**Title**		**Number of Employed Hours**	
912-507-3799	Designated Representative - Dir. of Pharmaceutical Affairs		4100 hours	

Description of Duties: Warehouse operations, establish procedures for receipt, inspection, storage and distribution of pharmaceutical product. Maintain records, and daily operations of the warehouse facility.

Business Name			From - To (MM/YY – MM/YY)	
Woodbine Pharmacy and ADD Drug - independent community pharmacy practice			06/2005 -Present	
Business Address		**City**	**State**	**Zip**
908 GEORGIA AVE • WOODBINE, Georgia 31569 & 1695 S Lumpkin St, Athens, GA 30606		Woodbine and Athens	GA	31569 & 30606
Phone	**Title**		**Number of Employed Hours**	
(912) 576-6998 706-548-2239	Pharmacist		Part-time 20 yrs over 2000 hours	

Description of Duties: Prescription processing, patient counseling, purchasing, training of personnel, supervision of technicians, etc.

Business Name			From - To (MM/YY – MM/YY)	
University of Georgia -College of Pharmacy			09/85 -02/2022	
Business Address		**City**	**State**	**Zip**
250 W Green Street		Athens	GA	30602
Phone	**Title**		**Number of Employed Hours**	
706-542-1911	Various -Assistant Professor to Interim Campus Dean		10,000 + hours	

Description of Duties: Taught Pharmacy Law, precepted students in all phases of pharmacy practice, clinical practice, in-patient, community pharmacy, Long Term Care pharmacy, regulatory pharmacy practice, teaching nuclear pharmacy Non-prescription medication, drug interactions ... all aspects of pharmacy practice

Business Name			From - To (MM/YY – MM/YY)	
Nuclear Medicine Pharmacy			3/81-8/85	
Business Address		**City**	**State**	**Zip**
1012 Virginia Street		Columbus	GA	31901
Phone	**Title**		**Number of Employed Hours**	
No longer in business	Nuclear Pharmacy Manager - Pharmacist in Charge		full time (9000 hours)	

Description of Duties: Manage all aspect of providing radiopharmaceutials in the SW GA regions, compounding RP for nuclear medicine depts in the region, GA and AL, ordering, sales personnel mgmt. total operation

Business Name			From - To (MM/YY – MM/YY)	
The Medical Center (Columbus Regional) Health System			6/76 - 3/81	
Business Address		**City**	**State**	**Zip**
710 Center Street		Columbus	GA	31901
Phone	**Title**		**Number of Employed Hours**	
706-571-1000	Pharmacist - Associate Director - IV Supervisor		10400 hours	

Description of Duties: Provided clinical and pharmacy dispensing for a 500 bed hospital. Supervised Procurement and distribution of pharmaceutical products, personnel administration, training, policy and procedure update, training and evaluation.

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I, Kenneth M Duke, **certify that as the designated representative for**

Cyclomedica USA LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. Y I am at least 21 years of age;
3. Y I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. Y I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. Y I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. Y I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. Y I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kenneth Duke

Print Name (First, Last)

Kenneth Duke

Original Signature (electronic, copies or stamps not accepted)

7/31/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kenneth Duke
Print Name (First, Last)

Kenneth Duke
Original Signature (electronic, copies or stamps not accepted)

7/31/2025
Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of McIntosh

I, Kenneth Duke, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Kenneth Duke
Original Signature

8/4/25
Date

Subscribed and Sworn to before me this 4 day of August 2025.

Gwendolyn E McDonald
Notary Public Signature

GWENDOLYN E MCDONALD
NOTARY PUBLIC
My Commission Expires
01-30-2028
MCINTOSH COUNTY, GEORGIA

(Seal)

From: StateLicensing <StateLicensing@Eversana.com>
Sent: Friday, May 23, 2025 11:47 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>; StateLicensing <StateLicensing@Eversana.com>
Cc: kduke@cyclomedica.com
Subject: RE: Nevada Out-of-State Wholesaler Application-Cyclomedica USA LLC

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.
Hi Maria,

Please find attached and below, thank you for your review!

- Confirm if the wholesaler is a facility that distributes prescription drugs/prescription devices manufactured by a single manufacturer – yes, there is one contract manufacturer of Cyclomedica USA LLC and one distributor of the products (see attached CMO and 3PL distributor information)

- Employee list of all the employees in the facility **NRS 639.505** – just **one** employee at this site, Ken Duke:

Ken Duke | Director of Pharmaceutical Affairs
Cyclomedica USA e: kduke@cyclomedica.com **w:** cyclomedica.com
m: [redacted] **t: +1-229-598-1460** **a:** 5126 South Royal Atlanta Drive | Tucker GA 30084 | USA

Best,

Elizabeth Reger, MS
Regulatory Affairs Manager, Global Regulatory Consulting

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

WHOLESALER AND REVERSE DISTRIBUTOR

Permit Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

INFORMATION

Inspection Type New Facility Approval Pending Application#: 1947778

Business Type: Wholesaler

Last GDNA inspection date n/a Today's date 01/30/2024

Facility Name: Cyclomedica USA LLC County: Dekalb

Permit #: n/a Exp: n/a DEA #: n/a Exp: n/a Schedules: n/a

Current address: 5126 South Royal Atlanta Drive

City: Tucker State: Georgia ZIP Code: 30084

Phone: 1-888-6439 Fax: Website: www.cyclomedica.com

Hours of Operation: M-F: 8:30-5p Sa/Su: closed

Manager's Name: Kenneth Duke License & Expiration Date: (if applicable) RPH012130 12/31/2024

List all persons responsible for storage, handling, records, & distribution of prescription medications:

Kenneth Duke

Generally describe the business model for this location: Wholesaler of one product for their parent manufacturer company

	SATISFACTORY
General (480-7-.03(2)(g))	
1. Commercially zoned	1. Yes
2. Business license	2. Yes
Facility (480-7-.03(7)(a))	
3. Sufficient size & construction	3. Yes
4. Clean & orderly	4. Yes
5. Free from infestation	5. Yes
Storage Areas (480-7-.03(7)(a))	
6. Adequate lighting & ventilation	6. Yes
7. Sanitation	7. Yes
Quarantine Areas for the following: (480-7-.03(7)(a))	
8. Returned prescription drugs	8. N/A
9. Damaged prescription drugs	9. N/A
10. Outdated prescription drugs	10. N/A
11. Deteriorated prescription drugs	11. N/A
12. Misbranded/adulterated Rx drugs	12. N/A
13. Open Containers	13. N/A
Security (480-7-.03(7)(b))	
14. Controlled outside access	14. Yes
15. Outside perimeter lighting	15. Yes

	SATISFACTORY
Security (480-7-.03(7)(b)) continued	
16. Limited access to drugs	16. Yes
17. After hours alarm system	17. Yes
18. Prevention of drug diversion and theft	18. Yes
19. Prevention of computer and electronic tampering	19. Yes
20. Prevention of record theft	20. Yes
Storage Conditions (480-7-.03(7)(c))	
21. Temperature monitored & recorded	21. Yes
22. Humidity monitored & recorded	22. Yes
Examination of Materials (480-7-.03(7)(c))	
23. Upon receipt, examination of shipping containers for contamination	23. N/A
24. Inspection of outgoing shipments	24. N/A
Required Policies and Procedures (480-7-.03(8))	
25. Use of oldest product first	25. N/A
26. FDA/Board recalls and withdrawals	26. N/A
27. Manufacturer drug removal	27. N/A
28. Emergency situations	28. N/A
29. Outdated drug segregation	29. N/A
30. Other drug disposal	30. N/A

Revised 09/17/2019

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

WHOLESALER AND REVERSE DISTRIBUTOR

Permit Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

	SATISFACTORY
Record Keeping	
31. Records kept of all transactions regarding the receipt, distribution or disposition of prescription drugs. (480-7-.03(7)(f))	31. N/A
32. Inventories and records kept for two (2) years. (480-7-.03(7)(l))	32. N/A
33. Records kept on site or immediately retrievable within two (2) working days. (480-7-.03(7)(j))	33. N/A
34. DEA Biennial Inventory (date: n/a) (480-7-.03(10)(b))	34. N/A
35. All prescription medication is shipped, sold or delivered to properly licensed persons or firms. (480-7-.03(7)(g)(1))	35. N/A
36. Copies of permits/licenses where prescription medication is shipped, sold, or delivered. (480-7-.03(7)(g))	36. N/A

List prescription drug suppliers: Cyclopharm

ADDITIONAL INFORMATION

- Licenses shall become null and void upon the sale, transfer or change of mode of operation or location of the business. (480-7-.03(3)(c))
- No drug wholesale distributor, located inside the State of Georgia, may ship to, sell to, or otherwise deliver a dangerous drug or controlled substance to a person or firm unless that person or firm holds a license or permit which authorizes them to purchase, buy, receive or otherwise possess drugs. (480-7-.03(7)(g)(1))
- Licenses are renewed for two years and expire on June 30th of each odd numbered year. (480-7-.03(3)(d))
- Georgia State Board of Pharmacy Website: WWW.GBP.Georgia.GOV;
- Georgia Drugs & Narcotics Agency Website: WWW.GDNA.Georgia.GOV

COMMENTS OR RECOMMENDATIONS

This inspection was conducted pursuant to Application#: 1947778

Facility meets minimum requirements.

SIGNATURE

This inspection report has been read and explained to the person whose name appears below. Explanations include any observed violations, deficiencies, or comments, and such are based on state/federal laws and rules pertaining to the practice of pharmacy in the State of Georgia. I do affirm the information I have given pursuant to this inspection is true and correct to the best of my knowledge. This inspection report is not intended to be all inclusive, and there may be deficiencies, non-compliance, or violations of the laws and rules not detected and noted in this report.

Printed Name: Kenneth Duke

Signature: Facility Representative

Printed Name: Nick Aderibigbe

Special Agent, Georgia Drugs and Narcotics Agency

Today's Date 01/30/2024

GDNA considers this document confidential for use between GDNA, the Board of Pharmacy, and the registrant.

Revised 09/17/2019

41

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: HSG-S Corp.

Physical Address: 800 King George Blvd., Suite 200

City: Savannah State: GA Zip: 31419

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 631-390-8000 Website: _____

Name of Designated Representative (DR): Heather Zellers

Licensing Company Email: Licensure@henryschein.com DR Email: heatherzellers@brasselerusa.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

This is an initial application and business has not begun. Below is a potential customer that HSG-S Corp could 3PL for:

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Edge Endo, LLC
Address: 5600 Wyoming Blvd. NE Ste 100 City: Albuquerque State: NM Zip: 87109

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): N/A
Corporation Name: Henry Schein, Inc.
Mailing Address: Henry Schein, Inc.
City: Melville State: NY Zip: 11747
Telephone: 631-843-5500 Email: Licensure@henryschien.com
Contact Person Name: Regulatory Affairs Department, Riley Fruge

Date of SEC Registration: 2/25/2025 | SEC Registration Number: 0-27078 | Stock Exchange Symbol: HSIC

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organizati
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

HSG-S Corp.

Facility Name

Yvonne Smith

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

16th Aug 25

Date

Board Use Only	Date Received: 8/29/25	Amount: $1000 Ch#0820688822

HSG-S Corp.
F.E.I.N 27-3531273
Corporate Executive Officers:

Marc C. Gordon, President – 0% ownership
Marc.Gordon@henryschein.com
Work address: 800 King George Blvd. Suite 200
Savannah, GA 31419
631-845-2955 (Work)

Ronald N. South, Senior Vice President, and Chief Financial Officer – 0% ownership
Ronald.South@henryschein.com
Work address: 800 King George Blvd. Suite 200
Savannah, GA 31419
631-845-2802 x2222802 (Work)

Michael S. Ettinger, Executive Vice President – 0% ownership
Michael.Ettinger@henryschein.com
Work address: 800 King George Blvd. Suite 200
Savannah, GA 31419
631-843-5993 (Work)

Jennifer Ferrero, Secretary– 0% ownership
Jennifer.Ferrero@henryschein.com
Work address: 800 King George Blvd. Suite 200
Savannah, GA 31419
631-843-5674 (Work)

Yvonne M. Smith, Vice President – 0% ownership
Yvonne.Smith@henryschein.com
Work address: 800 King George Blvd. Suite 200
Savannah, GA 31419
912.925.8525 x5401 (Work)

Incorporated Delaware 04/06/2010

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HSG-S CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HSG-S CORP." WAS INCORPORATED ON THE SIXTH DAY OF APRIL, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4808115 8300

SR# 20250151246

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202715771

Date: 01-16-25

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH006063 Status: Active

HSG-S Corp

800 King George Blvd Ste 200
Savannah GA 31406

Expires: 06/30/2027
Issued: 06/24/2025

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Wholesaler Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH006063 Status: Active
HSG-S Corp
800 King George Blvd Ste 200
Savannah GA 31406

Expires: 06/30/2027
Issued: 06/24/2025
Real-time license verification is available at gadch.mylicense.com/verification

Licensee Information

Name: HSG-S Corp

Owner:

DBA:

Address: 800 King George Blvd Ste 200
Savannah GA 31406

Primary Source License Information

Profession:	Pharmacy	**License No:**	PHWH006063	**License Status:**	Active
License Type:	Wholesaler Pharmacy	**Obtained By Method:**	Application	**License Subtype:**	
Issue Date:	6/24/2025	**Expiration Date:**	6/30/2027	**Last Renewal Date:**	

Discipline Information

- Public Board Orders -

If a public board order exists, it may be listed below.
Public Board Order means that there is a public document concerning the licensee.
The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action.

Please understand that the absence of a scanned order linked to this record does not necessarily mean that no public actions exist.

No scanned public board order documents exist.

Associated Licenses

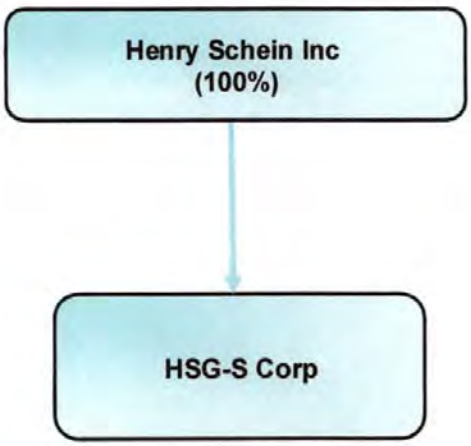
No data available

You may close this window to return to your search results

Data current as of: July 28, 2025 14:44:22

This website is to be used as a primary source verification for licenses issued by the Boards of Dentistry and Pharmacy. Paper verifications are available for a fee. Please contact the Boards of Dentistry and Pharmacy at 404-651-8000.

HSG-S Corp
Ownership Structure



Version 06/2025

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/27/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	PHONE (A/C, No, Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
Henry Schein, Inc., Subsidiaries & Affiliates 135 Duryea Road Melville NY 11747 USA	INSURER A:	Liberty Insurance Corporation	42404
	INSURER B:	Liberty Mutual Fire Ins Co	23035
	INSURER C:	ProAssurance Specialty Insurance Company	17400
	INSURER D:	Berkshire Hathaway Specialty Ins Company	22276
	INSURER E:	QBE Specialty Insurance Company	11515
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570110601626 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT X LOC OTHER:			TB2621093363034	06/01/2024	06/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $100,000 $5,000 $1,000,000 $5,000,000 Excluded
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			AS2-621-093363-044	06/01/2024	06/01/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$2,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION			TH7621093363074	06/01/2024	06/01/2025	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WA762D093363014 AOS	06/01/2024	06/01/2025	X PER STATUTE OTH-ER	
A				WC7621093363024 WI	06/01/2024	06/01/2025	E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$1,000,000 $1,000,000 $1,000,000
C	Products Liability			N24NY380027 Claims Made	06/01/2024	06/01/2025	Each Occurrence Aggregate	$10,000,000 $10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance.

CERTIFICATE HOLDER

Henry Schein, Inc.
and its Subsidiary and Affiliated
Companies
135 Duryea Road
Melville NY 11747 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc.

Holder Identifier : EOC

Certificate No : 570110601626

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AGENCY CUSTOMER ID: 570000025511

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Henry Schein, Inc.,
POLICY NUMBER: See Certificate Number: 570110601626	
CARRIER: See Certificate Number: 570110601626 / NAIC CODE:	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
E	E&O - Miscellaneous Professional-Primary			130003732 Cyber Liab/Tech& E&O SIR applies per policy te	12/01/2024	12/01/2025 rms & condit ons	Limit of Liability	$10,000,000
D	Fiduciary Liability - Prima			47EPC31399304 SIR applies per policy te	11/01/2024	11/01/2025 rms & condit ons	Aggregate Limit	$10,000,000

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AGENCY CUSTOMER ID: 570000025511

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Henry Schein, Inc.,
POLICY NUMBER	
See Certificate Number: 570110601626	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570110601626	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds

Ace Southern Surgical Solutions
Ace Surgical Supply Company, Inc.
AEP MPE Holdings, LLC
All Star Orthodontics
BIOHORIZONS IMPLANT SYSTEMS, INC.
Camlog
CB Healthcare Consulting GmbH
DenMat Holdings, LLC
Dental Instrument Sales & Service, LLC
Dental Practice Transitions
Dentrix Dental Systems
eAssist Inc.
eAssist Publishing LLC
Edge Endo
Exan Enterprises
Firefly Supply LLC
G.I.V. Inc.
General Injectibles & Vaccines, Inc.
Hand Piece Parts & Repair, Inc.
Hayes Handpiece Franchises, Inc.
HealthFirst
Henry Schein, Inc
Henry Schein and Schvadent
Henry Schein Dental, Inc.
Henry Schein Global Sourcing, Inc.
Henry Schein Medical
Henry Schein One, LLC
Henry Schein Practice Solutions
Henry Schein Services GmbH
Henry Schein, Supply
HF Acquisition Co. LLC
HSG-S Corp
Impromed, LLC.
Insource, Inc.
Lighthouse 360, Inc.
Midway Dental Supply LLC
NAR Medical Depot LLC
NAR Training LLC
North American Rescue LLC and TQM, LLC
ORTHO2 LLC
Ortho Organizers, Inc.
Ortho Technology, Inc.
Precision One
Prism Medical Products
RXWORKS, INC.
Sesame Communications
Southern Anesthesia & Surgical Inc.
Shield HealthCare
TDSC, Inc.
The Custom Milling Center, Inc.
US Endodontics
Vulcan Custom Dental
Zahn Dental Company, Inc.
Zahn/Darby Lab

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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015228749

Application/License No. _____

HSG-S CORP., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
800 King George Blvd. Suite 200 Savannah, GA 31419, as
Address of Applicant/Principal
PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY, a
Surety Company
corporation organized under the laws of the state of MA
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
175 Berkeley Street Boston, MA 02116 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on July 29, 2025.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 29th day of July, 2025.

APPLICANT/PRINCIPAL
HSG-S CORP

COMPANY

Authorized Representative

SURETY
LIBERTY MUTUAL INSURANCE COMPANY

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of

Witness

Witness

SIGNED and SEALED in the presence of

Witness Kedesha Walters

Witness Rosario Loguercio

Countersigned by

Nevada Resident Agent Francesca Kazmierczak
NV Non-Resident License No. 3796439

Posted February 20, 2020

Liberty Mutual. SURETY

POWER OF ATTORNEY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8213584-015009

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan, Anne Potter, Beverly A. Woolford, Debra A. Deming, Frances Rodriguez, Francesca Kazmierczak, Jennifer L. Jakaitis, Pablo Garcia Horcajo, Peter Healy, Sandra Diaz, Susan A. Welsh, Valorie Spates, Vilma Gonzalez

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 2nd day of April, 2025

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
Nathan J. Zangerle, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 2nd day of April 2025 before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2029
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Nathan J. Zangerle, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 29th day of July, 2025

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/24

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT – DECEMBER 31, 2024

Assets	
Cash and Bank Deposits	$4,608,826,756.00
*Bonds – U.S Government	$4,281,375,446.74
*Other Bonds	$21,566,489,527.26
*Stocks	$15,589,644,012.00
Real Estate	$86,497,925.00
Agents' Balances or Uncollected Premiums	$7,512,975,129.00
Accrued Interest and Rents	$225,249,712.00
Other Admitted Assets	$19,367,663,200.00
Total Admitted Assets	**$74,539,483,661.00**

Liabilities	
Unearned Premiums	$9,890,896,878.00
Reserve for Claims and Claims Expense	$29,467,071,865.00
Funds Held Under Reinsurance Treaties	$341,948,172.00
Reserve for Dividends to Policyholders	$954,025.00
Additional Statutory Reserve	$150,547,865.00
Reserve for Commissions, Taxes and Other Liabilities	$5,049,906,410.00
Total	**$47,104,416,171.00**
Special Surplus Funds	$174,153,086.00
Capital Stock	$10,000,075.00
Paid in Surplus	$13,209,595,772.00
Unassigned Surplus	$13,415,980,561.00
Surplus to Policyholders	$27,435,067,490.00
Total Liabilities and Surplus	**$74,539,483,661.00**

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2024, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 8th day of March, 2025.

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

Timothy A. Mikolajewski

Timothy A. Mikolajewski, Assistant Secretary

LMS 12621AMS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG HSG-S Corp MDEG License # (if applicable) _____

Physical Address 800 King George Blvd. Suite 200

City Savannah, GA 31419 State GA Zip 31419

Mailing Address (if different from physical address) Same as above.

City _____ State _____ Zip _____

Telephone 631-390-8000 Website _____

Licensing Company Email licensure@henryschein.com

Section 2: Personal Information

First Heather Middle Ann Last Zellers

Alias(es, nicknames, name changes, etc.) Heather Ann Thompson / Heather Ann Truax

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip 31313

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Pennsylvania State University		1994-1996	
Address	**City**	**State**	**Zip**
201 Old Main	University Park	PA	16802
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Bald Eagle-Nittany High School		09/1990- 06/1994	
Address	**City**	**State**	**Zip**
200 BEN Avenue	Mill Hall	PA	17751
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2023 - Present	[redacted]	[redacted]	[redacted]	31313
06/2017 - 05/2023				31324
05/2012-06/2017				17751
From - To (MM/YY – MM/YY)	Address	City		Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Brasseler USA			5/2025 - Present
Business Address	**City**	**State**	**Zip**
1 Brasseler Blvd.	Savannah	GA	31419
Phone	**Title**	**Number of Employed Hours**	
912-659-5607	Manager, Warehouse	~480	
Description of Duties			
Outbound distribution supervisor overseeing and directing all aspects of the warehouse's outbound operations. This includes order fulfillment, packing, shipping, and loading. Responsible for ensuring efficient and accurate processes, managing warehouse staff, and maintaining a safe and productive work environment.			

Business Name			From - To (MM/YY – MM/YY)
Brasseler USA			2/2020 - 12/2023
Business Address	**City**	**State**	**Zip**
1 Brasseler Blvd.	Savannah	GA	31419
Phone	**Title**	**Number of Employed Hours**	
912-659-5607	Manager, Production Planning	~5760	
Description of Duties			
Manage Senior Planner for facility and ensure ERP system is updated with the most accurate safety stock and forecast information based on historical usage and information from commercial partners Established a short term and long-term forecasting process with commercial partners to ensure future safety stocks are high enough to sustain minimal customer backorder			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Heather Zellers, **certify that as the MDEG Administrator for**

HSG-S Corp.,

that I (initial that you have read and meet the following requirements):

1. HAZ Have a high school diploma or its equivalent;
2. HAZ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. HAZ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. HAZ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Heather Zellers
Print Name (First, Last)

Heather Zellers
Original Signature (electronic, copies or stamps not accepted)

08/08/2025
Date

Board Use Only	Date Received: 8/29/25

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler HSG-S Corp

Pharmacy/Wholesaler License # (if applicable) N/A - Initial Application

Physical Address 800 King George Blvd. Suite 200

City Savannah State GA Zip 31419

Mailing Address (if different from physical address) Same as above.

City _____ State _____ Zip _____

Telephone 631-390-8000 Website _____

Licensing Company Email licensure@henryschein.com

Section 2: Personal Information

First Heather Middle Ann Last Zellers

Alias(es, nicknames, name changes, etc.) Heather Ann Thompson / Heather Ann Truax

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip 31313

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Pennsylvania State University		08/1994-05/1996	
Address	City	State	Zip
201 Old Main	University Park	PA	16802
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Bald Eagle-Nittany High School		09/1989-06/1994	
Address	City	State	Zip
200 BEN Avenue	Mill Hall	PA	17751
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2023 - Present	[redacted]	[redacted]	[redacted]	31313
06/2017 - 05/2023				31324
05/2012-06/2017				17751
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Brasseler USA			5/2025 - Present	
Business Address		**City**	**State**	**Zip**
1 Brasseler Blvd.		Savannah	GA	31419
Phone	**Title**		**Number of Employed Hours**	
912-659-5607	Manager, Warehouse		~480	
Description of Duties				
Outbound distribution supervisor overseeing and directing all aspects of the warehouse's outbound operations. This includes order fulfillment, packing, shipping, and loading. Responsible for ensuring efficient and accurate processes, managing warehouse staff, and maintaining a safe and productive work environment.				

Business Name			From - To (MM/YY – MM/YY)	
Brasseler USA			2/2020 - 12/2023	
Business Address		**City**	**State**	**Zip**
1 Brasseler Blvd.		Savannah	GA	31419
Phone	**Title**		**Number of Employed Hours**	
912-659-5607	Manager, Production Planning		~5760	
Description of Duties				
Manage Senior Planner for facility and ensure ERP system is updated with the most accurate safety stock and forecast information based on historical usage and information from commercial partners. Established a short term and long-term forecasting process with commercial partners to ensure future safety stocks are high enough to sustain minimal customer backorder.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Heather Zellers, **certify that as the designated representative for**

HSG-S Corp.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. HZ I am at least 21 years of age;
3. HZ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. HZ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. HZ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. HZ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. HZ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Heather Zellers

Print Name (First, Last)

Heather Zellers

Original Signature (electronic, copies or stamps not accepted)

08/08/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Heather Zellers
Print Name (First, Last)

Heather Zellers
Original Signature (electronic, copies or stamps not accepted)

08/22/2025
Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Chatham

I, Heather Zellers, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Heather Zellers
Original Signature

08/22/2025
Date

Subscribed and Sworn to before me this 22nd day of August, 2025

Pamela Marie Kennedy
Notary Public Signature

OFFICIAL SEAL
PAMELA MARIE KENNEDY
NOTARY PUBLIC-GEORGIA
CHATHAM COUNTY
My Comm. Expires Feb. 19, 2028

HSG-S Corp.

800 King George Blvd. Suite 200
Savannah, GA 31419

List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.

HSG-S Corp is currently conducting interviews to fill positions.

Employee	Title
Heather Zellers	Manager, Warehouse
Gary Walden	Director, Operations

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the fiscal year ended December 28, 2024

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the transition period from _____ to _____

Commission file number 0-27078

HENRY SCHEIN, INC.

(Exact name of registrant as specified in its charter)

Delaware	**11-3136595**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**

135 Duryea Road
Melville, New York
(Address of principal executive offices)
11747
(Zip Code)

(631) 843-5500
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $.01 per share	HSIC	The Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.
YES: ☒ NO: ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.
YES: ☐ NO: ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.
YES: ☒ NO: ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).
YES: ☒ NO: ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.
Large accelerated filer: ☒ Accelerated filer: ☐ Non-accelerated filer: ☐ Smaller reporting company: ☐
Emerging growth company: ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).
YES: ☐ NO: ☒

The aggregate market value of the registrant's voting stock held by non-affiliates of the registrant, computed by reference to the closing sales price as quoted on the Nasdaq Global Select Market on June 29, 2024, was approximately $8,092,479,000.

As of February 18, 2025, there were 124,176,781 shares of registrant's Common Stock, par value $.01 per share, outstanding.

Documents Incorporated by Reference:

Portions of the Registrant's definitive proxy statement to be filed pursuant to Regulation 14A not later than 120 days after the end of the fiscal year (December 28, 2024) are incorporated by reference in Part III hereof.

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PART I

ITEM 1. Business

General

Henry Schein, Inc. is a solutions company for health care professionals powered by a network of people and technology. We believe we are the world's largest provider of health care products and services primarily to office-based dental and medical practitioners, as well as alternate sites of care. Our philosophy is grounded in our commitment to help customers operate a more efficient and successful business so the practitioner can provide better clinical care.

With 93 years of experience distributing health care products, we have built a vast base of small, mid-sized and large customers in the dental and medical markets, serving more than one million customers worldwide across dental practices, laboratories, physician practices, and ambulatory surgery centers, as well as government, institutional health care clinics and other alternate care clinics.

We are headquartered in Melville, New York and employ approximately 25,000 people. Approximately 49% of our workforce is based in the United States and 51% outside of the United States. Our operations or affiliates are located in 33 countries and territories. Our broad global footprint has evolved over time through organic growth as well as through the contribution from our strategic acquisitions.

We stock a comprehensive selection of more than 300,000 branded products and Henry Schein corporate brand products through our main distribution centers. Our infrastructure, including over 5.4 million square feet of space in 36 strategically located distribution centers and 0.5 million square feet of space in 15 manufacturing facilities around the world, enables us to historically provide rapid and accurate order fulfillment, better serve our customers and increase our operating efficiency. This infrastructure, together with broad product and service offerings at competitive prices, and a strong commitment to customer service, enables us to be a single source of supply for our customers' needs, which we believe is a competitive advantage.

During the fourth quarter of our fiscal year ended December 28, 2024, we revised our reportable segments to align with how the Chairman and Chief Executive Officer manages the business, assesses performance and allocates resources. Our revised reportable segments consist of: (i) Global Distribution and Value-Added Services; (ii) Global Specialty Products; and (iii) Global Technology.

Global Distribution and Value-Added Services includes distribution to the global dental and medical markets of national brand and corporate brand merchandise, as well as equipment and related technical services. This segment also includes value-added services such as financial services, continuing education services, consulting and other services. This segment also markets and sells under our own corporate brand, a portfolio of cost-effective, high-quality consumable merchandise. Global Specialty Products includes manufacturing, marketing and sales of dental implant and biomaterial products; and endodontic, orthodontic and orthopedic products and other health care-related products and services. Global Technology includes development and distribution of practice management software, e-services, and other products, which are distributed to health care providers.

Recent Developments

See "Management's Discussion and Analysis of Financial Condition and Results of Operations – Recent Developments" herein for a discussion related to recent Company developments.

Industry

The distribution and value-added services industry, as it relates to office-based health care practitioners, is fragmented and diverse. The industry ranges from sole practitioners working out of relatively small offices to mid-sized and large group practices ranging in size from a few practitioners to several hundred practices owned or operated by dental support organizations ("DSOs"), medical group purchasing organizations ("GPOs"), health maintenance organizations ("HMOs"), hospital systems or integrated delivery networks ("IDNs").

Due in part to the limited capacity of office-based health care practitioners to store and manage large quantities of supplies in their offices, the distribution of health care supplies and small equipment to office-based health care practitioners has been characterized by frequent, small quantity orders, and a need for rapid, reliable and substantially complete order fulfillment. The purchasing decisions within an office-based health care practice are typically made by the practitioner, hygienist or office manager. Supplies and small equipment are generally purchased from more than one distributor, with one generally serving as the primary supplier.

The distribution and value-added services industry should benefit from favorable long-term macro trends that should help stimulate patient traffic and demand for products and services. This includes an aging population, increased health care awareness and the importance of preventive care, an increasing understanding of the connection between good oral health and overall health, improved access to care globally, the proliferation of medical technology and testing, new pharmacology treatments and expanded third-party insurance coverage, partially offset by the effects of unemployment on insurance coverage and technological improvements, including the advancement of software and services, prosthetic solutions and telemedicine. In addition, the non-acute market continues to benefit from the shift of procedures and diagnostic testing from acute care settings to alternate-care sites, particularly physicians' offices and ambulatory surgery centers.

We believe that consolidation within the industry will continue to result in a number of distributors, particularly those with limited financial, operating and marketing resources, seeking to combine with larger companies that can provide growth opportunities. This consolidation also may continue to result in distributors seeking to acquire companies that can enhance their current product and service offerings or provide opportunities to serve a broader customer base.

In addition, customer consolidation will likely lead to multiple locations under common management and the movement of more procedures from the hospital setting to the physician or alternate care setting, as the health care industry is increasingly focused on efficiency and cost containment. This trend has benefited distributors capable of providing a broad array of products and services at low prices. It also has accelerated the growth of HMOs, group practices, other managed care accounts and collective buying groups such as DSOs and GPOs, which, in addition to their emphasis on obtaining products at competitive prices, tend to favor distributors capable of providing specialized management information support. We believe that the trend towards cost containment has the potential to favorably affect demand for technology solutions, including software, which can enhance the efficiency and facilitation of practice management.

Competition

The distribution and manufacture of health care supplies and equipment is highly competitive. Many of the health care products we sell are available to our customers from a number of suppliers. In addition, our competitors could obtain exclusive rights from manufacturers to market particular products. Manufacturers also could seek to sell directly to end-users, and thereby eliminate or reduce our role and that of other distributors. In certain parts of the dental end market, such as those related to dental specialty products, and medical end market manufacturers already sell directly to end customers.

In North America, we compete with other distributors, as well as several manufacturers, of dental and medical products, primarily on the basis of price, breadth of product line, e-commerce capabilities, customer service and value-added products and services. In the dental distribution market, our primary competitors in the U.S. are the Patterson Dental division of Patterson Companies, Inc. and Benco Dental Supply Company. In addition, we compete against a number of other distributors that operate on a national, regional and local level. Our primary competitors in the U.S. medical distribution market, which accounts for the large majority of our global medical sales, are McKesson Corporation and Medline Industries, Inc., which are national distributors. We also compete with a number of regional and local medical distributors, as well as a number of manufacturers that sell directly to physicians and patients in their homes.

Outside of the U.S., we believe we are the only global distributor of supplies and equipment to dental practices and our competitors are primarily local and regional companies. We also face significant competition internationally, where we compete on the basis of price and customer service against several large competitors, including the GACD Group, Proclinic SA, Lifco AB, Nuent Group AB, Planmeca Oy and Billericay Dental Supply Co. Ltd., as well as a large number of other dental and medical product distributors and manufacturers in international countries and territories we serve.

Within Global Specialty Products, our primary competitors include Straumann, Envista, Zimvie, and Dentsply Sirona.

With regard to our dental software, we compete against numerous companies, including the Eaglesoft division of Patterson Companies, Inc., Carestream Dental LLC, Centaur Software Development Co Pty Ltd. (d.b.a. dental4windows, dental4web), Open Dental Software, Inc., PlanetDDS LLC, Good Methods Global Inc. (d.b.a. CareStack), Curve Dental, LLC., the NextGen division of Quality Systems, Inc., eClinicalWorks and Epic Systems Corporation. In other software end markets, including revenue cycle management, patient relationship management and patient demand generation, we compete with companies such as Vyne Medical, Weave Communications, Inc., and Solutionreach, Inc. Many of these competitors connect to our software platforms through our API program.

Manufacturing and Raw Materials

We manufacture certain of our products for our specialty businesses (oral surgery solutions including dental implants, endodontics, and orthopedics) at our 15 company manufacturing sites. We also outsource certain manufacturing to third parties. We purchase our raw materials from various third-party suppliers. No single supplier is material; however, raw materials may be sourced from a single supplier or a limited number of suppliers for reasons of quality assurance, regulatory requirements, cost, and availability.

We believe that we have a readily available supply of raw materials and components sourced from various suppliers, for our significant products.

We may experience shortages of raw materials or purchased components. In recent periods, we have experienced increased costs and shortages of purchased components, which had a negative impact on our profit margins and on our sales for certain product categories, due to our inability to fully satisfy demand.

Competitive Strengths

We have 93 years of experience in distributing products to health care practitioners resulting in strong awareness of the Henry Schein® brand. Our competitive strengths include:

A focus on meeting our customers' unique needs. We are committed to providing customized solutions to our customers that are driven by our understanding of the end markets we serve and that reflect the technology-driven products and services best suited for their practice needs. We are committed to continuing to enhance these offerings through organic investment in our products and our teams, as well as through the acquisition of new products and services that may help us better serve our customers.

Direct sales and marketing expertise. Our sales and marketing efforts are designed to establish and solidify customer relationships through personal or virtual visits by field sales representatives, frequent direct marketing and telesales contact, emphasizing our broad product lines, including exclusive distribution agreements, competitive prices and ease of order placement, particularly through our e-commerce platforms. The key elements of our direct sales and marketing efforts are:

- *Field sales consultants.* Our field sales consultants, including equipment sales specialists, covering major North American, European and other international markets. These consultants complement our direct marketing and telesales efforts and enable us to better market, service and support the sale of more sophisticated products and equipment.

- *Marketing.* We market to existing and prospective office-based health care providers through a combination of owned, earned and paid digital channels, tradeshows, as well as through catalogs, flyers, direct mail and other promotional materials. Our strategies include an emphasis on educational content through webinars and content marketing initiatives. We continue to enhance our marketing technology to improve our targeting capability and the relevance of messaging and offers.

- *Telesales.* We support our direct marketing effort with inbound and outbound telesales representatives, who facilitate order processing, generate new sales through direct and frequent contact with customers and stay abreast of market developments and the hundreds of new products, services and technologies introduced each year to educate practice personnel.

- *Electronic commerce solutions.* We provide our customers and sales teams with innovative and competitive e-commerce solutions. We continue to invest in our e-commerce platform to offer enhanced content management so customers can more easily find the products they need and to enable an engaging purchase experience, supported by excellent customer service.

- *Social media.* Our operating entities and employees engage our customers and supplier partners through various social media platforms, which are an important element of our communications and marketing efforts. We continue to expand our social media presence to raise awareness about issues, engage customers beyond a sale and deliver services and solutions to specialized audiences.

Cost-effective purchasing. We believe that cost-effective purchasing is a key element to maintaining and enhancing our position as a competitively priced provider of health care products. We continuously evaluate our purchase requirements and suppliers' offerings and prices in order to obtain products at the lowest possible cost. In 2024, our top 10 Global Distribution and Value-Added Services suppliers and our single largest supplier accounted for approximately 25% and 4%, respectively, of our aggregate purchases.

Efficient distribution. We distribute our products from our 36 strategically located distribution centers. We strive to maintain optimal inventory levels in order to satisfy customer demand for prompt delivery and complete order fulfillment. These inventory levels are managed on a daily basis with the aid of our management information systems. Once an order is entered, it is electronically transmitted to the distribution center nearest the customer's location for order fulfillment.

Broad product and service offerings at competitive prices. We offer a broad range of products and services to our customers, at competitive prices, in the following categories:

Global Distribution and Value-Added Services

- *Consumable merchandise and equipment.* We distribute consumable products, small equipment, laboratory products, large equipment, equipment repair services, branded and generic pharmaceuticals, vaccines, dental specialty products, diagnostic tests, infection-control products and vitamins. We stock a comprehensive selection of more than 300,000 branded products and Henry Schein corporate brand products through our main distribution centers. We also market and sell our own corporate brand portfolio of cost-effective, high-quality consumable merchandise products.

- *Home health business.* We distribute homecare medical products, including incontinence, urology, ostomy, enteral nutrition, advanced wound, and diabetes supplies, as well as continuous glucose monitoring devices. These products are delivered directly to patients in their homes, providing convenience and accessibility while supporting patient care and adherence to treatment plans.

- *Value-added products and services.* We offer a broad range of value-added solutions, including continuing education programs for practitioners, and consulting services. Our suite of technology-driven tools and expert advisory services helps health care professionals enhance practice efficiency and improve patient outcomes.

- *Repair services.* We have 129 equipment sales and service centers worldwide that provide a variety of repair, installation and technical services for our health care customers. Our technicians provide installation and repair services for dental handpieces, dental and medical small equipment, table-top sterilizers and large dental equipment.

- *Financial services.* We offer our customers solutions in operating their practices more efficiently by providing access to a number of financial services and products provided by third party suppliers (including non-recourse financing for equipment, technology and software products, non-recourse practice financing for leasehold improvements, business debt consolidation and commercial real estate, non-recourse patient financing and credit card processing) at rates that we believe are generally lower than what our customers would be able to secure independently. We also provide staffing services, dental practice valuation and brokerage services.

Global Specialty Products

- *Dental implants and digital solutions.* We develop, manufacture, market and distribute a broad portfolio of dental implants, prosthetic components, instruments and digital workflow solutions for implant-based tooth restorations. With research and development and manufacturing facilities in the United States, Switzerland, Germany, Brazil and France, we serve customers with various global and regional implant brands across a wide range of price segments. Supported by our specialized sales force, we market our products and solutions in approximately 90 countries, directly to dental practices and surgical specialists via our sales subsidiaries and our network of international third-party and Henry Schein distribution partners.

- *Biomaterials.* We market and distribute a broad portfolio of biomaterials for dental tissue regeneration. The product portfolio primarily consists of a broad range of privately branded allograft, xenograft, and synthetic biomaterials. Our dedicated biomaterial specialists support our direct implant sales force and Henry Schein oral surgery-focused distribution channels.

- *Orthodontics.* We develop, manufacture, and distribute a comprehensive range of orthodontic products, including brackets, braces, aligners, and accessories. In collaboration with leading clinicians, our research and development teams drive innovation to enhance patient care. With manufacturing facilities in the

4J

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Obagi Cosmeceuticals LLC

Physical Address: 3760 Kilroy Airport Way, Suite 500

City: Long Beach State: CA Zip: 90806

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-636-7546 Website: www.obagi.com

Name of Designated Representative (DR): Gregory Villegas

Licensing Company Email: obagilicensing@obagi.com DR Email: obagilicensing@obagi.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: legend pharmaceuticals, OTC cosmetic products	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Distributors		■ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Obagi Cosmeceuticals, LLC
Disciplinary Statement

The Utah State Board of Pharmacy issued an Administrative Citation and Final Order upon finding that the Licensee failed to report a change of Designated Representative to the Board within the required reporting period of 30 days. Obagi Cosmeceuticals, LLC did not contest the finding and paid the Utah Board of Pharmacy an Administrative Fine of $300 on 3/28/2025. A final Order was issued by the UT Board on 3/28/2025.

Obagi has taken corrective action to notify all states regarding the change of Designated Representative at our California virtual manufacturing facility. Importantly, our Utah Pharmacy Class C license remains active and in good standing.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
3/7/2025	3/28/2025	CA	Long Beach	Los Angeles
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		Utah Board of Pharmacy		
Reason/Charge				
Licensee failed to report a change of Designated Representative to the Board within the required period of 30 days.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Obagi Cosmeceuticals LLC				

Provide explanation below:

The Utah State Board of Pharmacy issued an Administrative Citation and Final Order upon finding that the Licensee failed to report a change of Designated Representative to the Board within the required reporting period of 30 days. Obagi Cosmeceuticals LLC did not contest the finding and paid the Utah Board of Pharmacy an Administrative Fine of $300 on 3/28/2025. A final Order was issued by the UT Board on 3/28/2025.

Obagi has taken corrective action to notify all states regarding the change of Designated Representative at our California virtual manufacturing facility. Importantly, our Utah Pharmacy Class C license remains active and in good standing.

Original Signature (electronic, copies or stamps not accepted)

7/16/2025
Date

REAL
Solutions Group

Email: licensing@realsolutionsgroup.co
Telephone: (847) 261-4004
Website: www.realsolutionsgroup.co

July 28, 2025

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

RE: Obagi Cosmeceuticals, LLC - Initial Facility License
Nevada Wholesaler Application

VIA UPS

Nevada Board of Pharmacy,

On behalf of our Client, Obagi Cosmeceuticals, LLC ("Applicant") we are submitting the enclosed Nevada Wholesaler Application and Designated Representative Application, including all supporting documentation.

Obagi Cosmeceuticals, LLC is a virtual manufacturer of skincare products located at 3760 Kilroy Airport Way, Suite 500, Long Beach, CA 90806. Obagi Cosmeceuticals, LLC utilizes contract manufacturers to produce the finished skincare products. A third-party logistics provider ships the product from the contract manufacturer to distributors and wholesalers. No product is handled or stored at Obagi's Long Beach business office.

Specifically, enclosed please find:

- A check made payable to Nevada State Board of Pharmacy in the amount of $1,000, check number: 100002286
- Completed and executed Nevada Wholesaler Application;
- Completed and executed Designated Representative Application;
- Officer List, Obagi Cosmeceuticals, LLC.;
- List of shareholders and percent ownership;
- Corporate Organizational Chart;
- Copy of Applicant's Certificate of Good Standing from California, the home state;
- Copy of the facility's current resident state (California) license; and
- List of employees.

Fingerprints and a Surety Bond in the amount of $100K are not included since the applicant is a wholly-owned subsidiary of a publicly traded company.

Thank you for your attention to this matter. Please feel free to contact me with any questions regarding the application at licensing@realsolutionsgroup.co.

Sincerely,

Layla Nohra
REAL Solutions Group

- missing DI Cross, Bond & Disclosure supporting DOCS.
Committed 8/8/25

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing
ATTN: Citation Coordinator
160 East 300 Sonth
P.O. Box 146741
Salt Lake City, Utah 84114-6741

Telephone: (801) 530-6628
Fax: (801) 530-6511
Website: www.dopl.utah.gov

COPY

048925

CITATION

ISSUED TO: Obagi Cosmeceuticals, LLC			
PROFESSION: Class-C Manufacturer	LICENSE #: 12419742-1710		CASE #: 159894
DOB: / / N/A	DL #: N/A	SSN/EIN #: 82-2128363	
BUSINESS ADDRESS: 3760 Kilroy Airport Way STE 500	CITY: Long Beach	STATE: CA	ZIP: 90806
BUSINESS PHONE: (800) 636-7546	BUSINESS EMAIL: obagilicensing@obagi.com		
HOME ADDRESS: N/A	CITY: N/A	STATE: N/A	ZIP: N/A
HOME PHONE: N/A	HOME EMAIL: N/A		
LOCATION OF OFFENSE: Obagi Cosmeceuticals, LLC 3760 Kilroy Airport Way STE 500 Long Beach, CA 90806			

OFFENSE CODE	DATE OF OFFENSE: 3 / 7 / 2025 — DESCRIPTION	DATE ISSUED: 3 / 28 / 2025
R156-17b-502(21)	(21) failing to provide consulting pharmacist, designated representative, responsible party, PIC, RDPIC, or DMPIC information to the Division within 30 days of a change in consulting pharmacist, designated representative, responsible party, PIC, RDPIC or DMPIC.	

REMARKS: On 3/7/2025, the Division received notification of a Change of Designated Representative (DR) with the previous DR not being reported to the Division . Based on investigative findings, it was determined that the previous DR on file dissociated with the company on 12/31/2023. his means that the company failed to report a change 402 days outside of the 30-day window. It was also discovered that the facility failed to report two changes to the Division.

Fine Pursuant to R156-17b-402(85)

PERSON SERVED: Certified Mail 9589 0710 5270 2161 9949 80	SERVED BY: Zackary Christensen
☑ FINE $ 300.00	☑ CEASE AND DESIST ORDER

I ACKNOWLEDGE RECEIPT OF THIS CITATION AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE RIGHTS ADVISEMENT CONTAINED BELOW AND HAVE BEEN PROVIDED A NOTICE OF RESPONSE.

RECIPIENT'S SIGNATURE — DATE: 4/22/2025

I CERTIFY THAT THE INFORMATION IN THIS CITATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

INVESTIGATOR'S SIGNATURE

READ CAREFULLY

1. If you wish to contest this citation at a hearing, you must notify the Division in writing within 20 calendar days of receipt. The hearing will be conducted according to Title 63 G, Chapter 4.
2. If you do not contest the citation within 20 calendar days of receipt, the citation will become a final order of the Division and is not subject to further agency review.
3. Failure to comply with a final order of the Division is a Class A misdemeanor. The Division may refuse to issue or renew or may suspend, revoke, or place on probation a license you hold or apply for.

RECIPIENT COPY

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): Waldencast plc - Ultimate Beneficial Owner

Corporation Name: Obagi Cosmeceuticals, LLC

Mailing Address: Michelin House, 81 Fulham Road

City: London, SW3 6RD United Kingdom State: _____ Zip: _____

Telephone: 800-636-7546 Email: obagilicensing@obagi.com

Contact Person Name: Natasha Hodkinson

Date of SEC Registration: 01/22/2021	SEC Registration Number: 0001840199	Stock Exchange Symbol: WALD

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: G S Cosmeceutical USA Inc
Address: 131 Pullman Street City: Livermore State: CA Zip: 94551
Name: Bausch Health Companies Inc.
Address: 2150 St-Elzear Blvd West City: Laval, Quebec Canada State: Zip: H7L 4A8
Name: Bay Cities Container Corp
Address: 5138 Industry Ave City: Pico Rivera State: CA Zip: 90660
Name: Boxout, LLC
Address: 6333 Hudson Crossing Parkway City: Hudson State: OH Zip: 44236

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Obagi Cosmeceuticals, LLC

Facility Name

Natasha Hodkinson

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7/16/2025

Date

Board Use Only	Date Received: 7/31/25	Amount: $1000-CK 1000002256

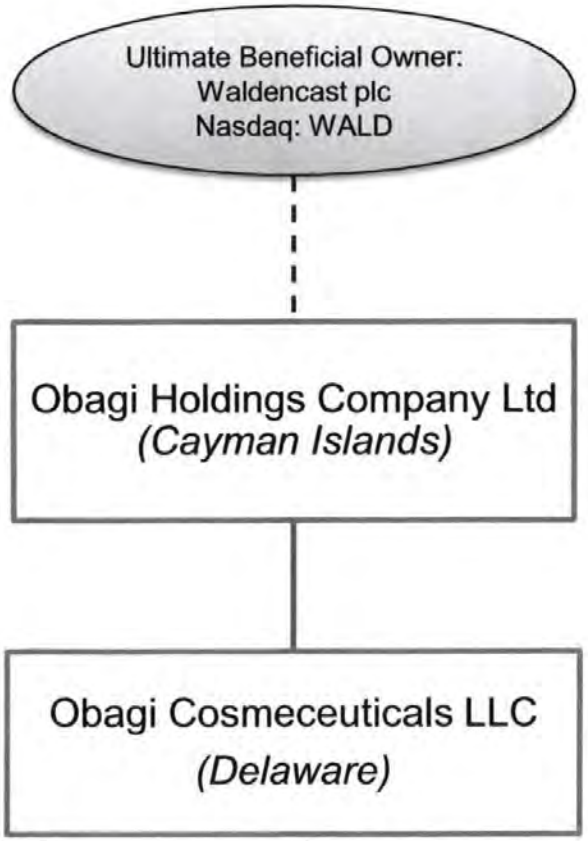
OBAGI COSMECEUTICALS, LLC.
OFFICER INFORMATION

Name	Title	Business Address
Arash Khazei	President	3760 KILROY AIRPORT WAY, SUITE 500, LONG BEACH, CA 90806
Natasha Hodkinson	General Counsel & Secretary	3760 KILROY AIRPORT WAY, SUITE 500 LONG BEACH, CA 90806
Justin Giouzepis	Chief Marketing Officer	3760 KILROY AIRPORT WAY, SUITE 500 LONG BEACH, CA 90806
Olia Botchev (Weihermuller)	Chief International Revenue Officer	3760 KILROY AIRPORT WAY, SUITE 500 LONG BEACH, CA 90806

Obagi Cosmeceuticals, LLC List of all corporation shareholders and their percent ownership

Obagi Holdings Company Limited holds 100% of the shares of Obagi Cosmeceuticals, LLC.

Obagi Organizational Structure



Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OBAGI COSMECEUTICALS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OBAGI COSMECEUTICALS LLC" WAS FORMED ON THE EIGHTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. J. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6438437 8300

SR# 20252710385

Authentication: 203794003

Date: 05-28-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	OBAGI COSMECEUTICALS LLC
Entity No.:	201800510011
Registration Date:	12/22/2017
Entity Type:	Limited Liability Company - Out of State
Formed In:	DELAWARE
Status:	Active

The above referenced entity is active on the Secretary of State's records and is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 11, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 255819227

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Wholesale Drug Permit

LICENSE NO. WLS 7427

ISSUE DATE 9/28/2018

OBAGI COSMECEUTICALS LLC DBA OMP AND OBAGI MEDICAL PRODUCTS
3760 KILROY AIRPORT WY, STE 500
LONG BEACH, CA 90806

The above is licensed with the State Board of Pharmacy as a Limited Liability

The official status of this license can be verified at www.pharmacy.ca.gov

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CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal License

Wholesale Drug Permit

License No. WLS 7427
Receipt No. 00194164

Valid Until: 9/1/2025

OBAGI COSMECEUTICALS LLC DBA OMP AND
OBAGI MEDICAL PRODUCTS
3760 KILROY AIRPORT WY, STE 500
LONG BEACH, CA 90806-2485

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Obagi Cosmeceuticals, LLC dba Obagic Medical Products
Pharmacy/Wholesaler License # (if applicable): N/A
Physical Address: 3760 Kilroy Airport Way, Suite 500
City: Long Beach State: CA Zip: 90806
Mailing Address (if different from physical address):
City: State: Zip:
Telephone: 800-636-7546 Website: www.obagi.com
Licensing Company Email: obagilicensing@obagi.com

Section 2: Personal Information

First: Gregory Middle: Last: Villegas
Alias(es, nicknames, name changes, etc.):
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X
Mailing Address: [redacted]
City: [redacted] State: [redacted] Zip: 91733
Telephone: [redacted] Email: obagilicensing@obagi.com
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
South El Monte High School		1994-1997	
Address	**City**	**State**	**Zip**
1001 Durfee Avenue	S El Monte	CA	91733
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Rio Hondo College		01/99 - 05/2013	
Address	**City**	**State**	**Zip**
3600 Workman Mill Road	Whittier	CA	90601
Diploma/Degree obtained, if any			
AA Degree			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/13 – Current	[redacted]	[redacted]	[redacted]	91733
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Obagi Cosmeceuticals, LLC dba Obagic Medical Products			04/23-Present	
Business Address		**City**	**State**	**Zip**
3760 Kilroy Airport Way, Suite 500		Long Beach	CA	90806
Phone	**Title**		**Number of Employed Hours**	
800-636-7546	Senior Manager, Inside Sales		4,000	
Description of Duties				
Source new prospects and qualifying leads to drive sales and revenue targets. Supervise, influence, & coach a team of 10 inside sales representatives.				

Business Name			From - To (MM/YY – MM/YY)	
Obagi Cosmeceuticals, LLC dba Obagic Medical Products			03/19-04/23	
Business Address		**City**	**State**	**Zip**
3760 Kilroy Airport Way, Suite 500		Long Beach	CA	90806
Phone	**Title**		**Number of Employed Hours**	
800-636-7546	Inside Sales Manager		8,000	
Description of Duties				
Source new prospects and qualifying leads to drive sales and revenue targets. Develop new sell-thru techniques to drive revenue through patient events and in office/web-based promotions.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Gregory Villegas, **certify that as the designated representative for**

Obagi Cosmeceuticals, LLC dba Obagic Medical Products,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. GV I am at least 21 years of age;
3. GV I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. GV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. GV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. GV I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. GV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Gregory Villegas

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/22/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gregory Villegas

Print Name (First, Last)

Original Signature (electronic, ~~copies or stamps~~ not accepted)

6-23-25

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Grey Villegas, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6-23-25

Date

Subscribed and Sworn to before me this _____ day of _____.

See California Attachment

Notary Public Signature

(Seal)

CALIFORNIA
JURAT CERTIFICATE

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 23rd day of June,

2025, by Gregory Villegas,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS MY HAND AND OFFICIAL SEAL.

LISA MENDOZA
COMMISSION #2419268
Notary Public - California
LOS ANGELES COUNTY
My Commission Expires
OCTOBER 11, 2026

Signature of Notary Public

(Notary Seal)

OPTIONAL INFORMATION

The jurat contained within this document is in accordance with California law. Any affidavit subscribed and sworn to before a notary shall use the preceding wording or substantially similar wording pursuant to Civil Code sections 1189 and 8202. A jurat certificate cannot be affixed to a document sent by mail or otherwise delivered to a notary public, including electronic means, whereby the signer did not personally appear before the notary public, even if the signer is known by the notary public. The seal and signature cannot be affixed to a document without the correct notarial wording. As an additional option an affiant can produce an affidavit on the same document as the notarial certificate wording to eliminate the use of additional documentation.

DESCRIPTION OF ATTACHED DOCUMENT

Designated Representative Appointment
(Title of document)

Number of Pages 09 (Including jurat)

Document Date 06/23/2025

(Additional Information)

CAPACITY CLAIMED BY THE SIGNER

- [ ] Individual
- [x] Corporate Officer
- [ ] Partner
- [ ] Attorney-In-Fact
- [ ] Trustee
- [ ] Other: _____

MMX V. BAN2 510.409.1334 www.BayAreaNotary.com

Division Code	Employee Name	Status Classification
OBAGI	ADDEPALLI SAI	Active
OBAGI	AGUILAR YLESA FAITH	On Leave
OBAGI	AH SAM RENEE JUANITA	Active
OBAGI	ANDERSON AUDREY AMALIA	Active
OBAGI	ANDERSON ELIZABETH LEIGH	Active
OBAGI	ANGIEL DAVID JARRED	Active
OBAGI	AREVALO ERIKA VIRGINIA	Active
OBAGI	BACOL PENNY C	Active
OBAGI	BAKER NIKOLAUS	Active
OBAGI	BARNES CARRIE L	Active
OBAGI	BARNETTE HOLLY N	Active
OBAGI	BARRAZA RUIZ CECILIA	Active
OBAGI	BEINEKE ASHLEY DENTON	Active
OBAGI	BENNETT MEGAN	Active
OBAGI	BOGASH KIMBERLY A	Active
OBAGI	BOLSZO MICHELLE S	Active
OBAGI	BOUCHEREAU BRITTANY CHRISTI/	Active
OBAGI	BRICENO ESPINO DIANA H	Active
OBAGI	BROWN RACHEL ANN	Active
OBAGI	BRUSH LINDA	Active
OBAGI	BUI BAO-HANH	Active
OBAGI	BURRELL ELLEN DEMAIO	Active
OBAGI	CAMPBELL JOSEPH MICHAEL	Active
OBAGI	CAMPITELLI JACQUELINE AUGUST	Active
OBAGI	CANNAVALE KRISTALYN	Active
OBAGI	CARBAJAL ASCENCIO LUIS	Active
OBAGI	CARDER KATHERINE ROSE	Active
OBAGI	CASE CANDIS L	Active
OBAGI	CAVALIERE LINDA	Active
OBAGI	COCHRAN RANI WOJCIK	Active
OBAGI	COPELAND HANNAH NICOLE	Active
OBAGI	CORTEZ JESSICA JENIEVE	Active
OBAGI	CORZANTES BALAM	Active
OBAGI	CORZANTES HELENE MARIE	Active
OBAGI	DEE SAYKON YUDEH	Active
OBAGI	DELGADILLO KELLY SUZANNE	Active
OBAGI	DELMER LORI NACOLE	Active
OBAGI	DEMARIO SAIBLE MONIQUE	Active
OBAGI	DOUGHERTY TAYLOR MARIE	Active
OBAGI	DRESSEL SARAH BARTH	Active
OBAGI	DUFFY KELLY ELIZABETH	Active
OBAGI	DUFOUR DOROTHEE CHARLOTTE	Active
OBAGI	EVANS CAROLINE NICOLE	Active
OBAGI	FERGUSON AVENELL WALL NEWM	Active
OBAGI	FERNANDEZ SELENA	Active
OBAGI	FLORES-BARBER ELIANA ERIKA	Active

OBAGI	FOX GAYLE OLIVER	On Leave
OBAGI	GABEL KATIE LYN	On Leave
OBAGI	GALECKI ALLISON BROOKE	Active
OBAGI	GEIGER DINA LYNN	Active
OBAGI	GIOUZEPIS JUSTIN LEIGH	Active
OBAGI	GOGOLA KIM BRAUD	Active
OBAGI	GOLDOWSKA MARLENA LAURA	Active
OBAGI	GRAHAM ROBERT WAYNE	Active
OBAGI	GRANT DANIEL LAWRENCE	Active
OBAGI	GRIMMETT RICHARD S	Active
OBAGI	GROGG ELIZABETH	Active
OBAGI	GUTIERREZ GERARD FLORES	Active
OBAGI	GUZMAN CARLOS A	Active
OBAGI	HA KRISTI	Active
OBAGI	HARBOR SHERJAN S	Active
OBAGI	HART ALISON MARIE	Active
OBAGI	HART NICOLE PALLESCHI	On Leave
OBAGI	HAWKINS LISA CHRISTINE	Active
OBAGI	HENRY CHRISTINE TERESA	Active
OBAGI	HOBERMAN KATHRINE KRYLOVA	Active
OBAGI	HODKINSON NATASHA	Active
OBAGI	HOOD SUSAN K	Active
OBAGI	HUDSON KARIMA	Active
OBAGI	INMAN REBECCA HOPE	Active
OBAGI	JOFFE MELISSA J	Active
OBAGI	JOHNSON MACON NICOLE	Active
OBAGI	JONES LASAUNTA F	Active
OBAGI	JONES NUVIA MAGALY	Active
OBAGI	JUSTIN LAURA LOPEZ	Active
OBAGI	KAMPMAN DOUGLAS MICHAEL	Active
OBAGI	KHAZEI ARASH ALEXANDER	Active
OBAGI	KIM JULIE J	Active
OBAGI	KLIER MICHAELENNE ADRIENNE	Active
OBAGI	KWAN LANG	Active
OBAGI	LANHAM CHELSEA	Active
OBAGI	LAU JUNE LERNG	Active
OBAGI	LAVACHE SARAH JANE	Active
OBAGI	LAYMAN ASHLEY N	On Leave
OBAGI	LE HOANG NHU KHANH	Active
OBAGI	LEKAS NICOLE JOANNE	Active
OBAGI	LEUNG SANDRA YUEN SHAN	Active
OBAGI	LIM BRIAN THEO	Active
OBAGI	LIM JENNY SORONGON	Active
OBAGI	LIN YONG JING	Active
OBAGI	LIPUMA-YEOMAN ANGELA MARIE	Active
OBAGI	LOPEZ CHRISTINA LOUISE	Active
OBAGI	LOPEZ JUAN C	Active

OBAGI	LUDLOW ALLISON	Active
OBAGI	LUKE MEREDITH JILLIAN	Active
OBAGI	LUNSFORD CINDY KAYE	Active
OBAGI	MALEK AISHA	Active
OBAGI	MARASCO NICOLE MARIE	Active
OBAGI	MARKOUIZOS ARIELLA YIORGIA	Active
OBAGI	MARTINEZ MARIA GUADALUPE	Active
OBAGI	MATTIES MELISSA JONES	Active
OBAGI	MCLAUGHLIN LAURA T	Active
OBAGI	MELIN JARED TYLER	Active
OBAGI	MENDEZ HUERTA RAMON	Active
OBAGI	MEYER JEFFREY VEEDER	Active
OBAGI	MIER JENNIFER A	Active
OBAGI	MONTEJANO LORENA	Active
OBAGI	MOORE KIMBERLY A	Active
OBAGI	MORTON STACEY	Active
OBAGI	MUELLER JOHN	Active
OBAGI	MULKEY JACQUELINE	Active
OBAGI	MURILLO EZEQUIEL	Active
OBAGI	MYERS PATRICIA DAWN	Active
OBAGI	MYERS STEPHANIE WILLIAMS	Active
OBAGI	NEHER ALISON M	Active
OBAGI	NGATIA STELLA WANJIKU	Active
OBAGI	NIEVES BIANCA	Active
OBAGI	NITTI LAURA LEE	Active
OBAGI	NOVOBILSKY SAMANTHA MARIE	Active
OBAGI	OLLER ALYSSA MORGAN	Active
OBAGI	OMANA MICHELLE	Active
OBAGI	ORLOVA RAISA	Active
OBAGI	PENNY LAUREN B	Active
OBAGI	PIERCE SARA ELIZABETH	Active
OBAGI	POLLARD MADELYNNE	Active
OBAGI	PORTER MAIAH	Active
OBAGI	POTIER MEDINA H	Active
OBAGI	PRESTIA VANESSA	Active
OBAGI	QUINTERO-SULUB DANALI	Active
OBAGI	REED LISA M	Active
OBAGI	RIZOR OLIVIA	Active
OBAGI	RO HYUN WOO	Active
OBAGI	ROBBINS ROBERT	Active
OBAGI	ROBERTS MICHELLE L	Active
OBAGI	ROBLES ROGELIO	Active
OBAGI	RODRIGUEZ ROLAND MAGNO	Active
OBAGI	ROHWEDER SUZZETTE BOSCH	Active
OBAGI	RONNAU JOHN MATTHIAS	Active
OBAGI	SALIM TARIQ M	Active
OBAGI	SAN MIGUEL CASSANDRA	Active

OBAGI	SANCHEZ CARISSA ANITA	Active
OBAGI	SANDIDGE DONNA WILSON	Active
OBAGI	SANDYS-RENTON JANICE E	Active
OBAGI	SHERMAN ANGELA BURKETT	Active
OBAGI	SHETH MAYA YOGESH	Active
OBAGI	SMITH CORINNE ELIZABETH	Active
OBAGI	SMITH HEIDI	Active
OBAGI	SMITH KRISTEN	Active
OBAGI	SPASIC BRANISLAVA	Active
OBAGI	SPENCER ADRENE CHERE	Active
OBAGI	SPILMAN JUSTINE N	Active
OBAGI	SPURGEON SANDRA PEREZ	Active
OBAGI	STANDING SUSAN CHRISTINE	Active
OBAGI	STEFFES JILL R	Active
OBAGI	SYNAKOWSKI KATARZYNA ROSE	Active
OBAGI	TAING KIMBERLY VIMEAN	Active
OBAGI	TAKEHARA ANDREA SACHIKO	Active
OBAGI	TEETER NATALIE DIANNE	Active
OBAGI	TONG KEVIN DESLER	Active
OBAGI	TRAN DUY QUANG	Active
OBAGI	VANHOOSE SHAUNA L	Active
OBAGI	VASQUEZ CHELSEA	Active
OBAGI	VERRIPS MICHELLE RENAE	Active
OBAGI	VILLEGAS GREGORY	Active
OBAGI	VONGVISETH MIKAYLA MIKA	Active
OBAGI	WALKER CATHERINE MARY	Active
OBAGI	WARNER ALICIA JUNE	Active
OBAGI	WATERWORTH DEANNA L	Active
OBAGI	WEIHERMULLER OLIA	Active
OBAGI	WEISE KAREN ANN	Active
OBAGI	WELKENER NICOLE EMILY	Active
OBAGI	WEST KATRINA M	Active
OBAGI	WHALEN DIANA LEE	Active
OBAGI	WILKS STACEY SPEARS	Active
OBAGI	YAN ADA	Active
OBAGI	YAU ILIATA ZING TONG	Active
OBAGI	YOSUE DARRYL	Active
OBAGI	ZEPEDA EVA	Active
OBAGI	ZOOLAKIS KARI	Active
OBAGI	ZUBIATE STEPHANIE TRICIA	Active

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 6-K

REPORT OF FOREIGN PRIVATE ISSUER

PURSUANT TO RULE 13a-16 or 15d-16
UNDER THE SECURITIES EXCHANGE ACT OF 1934

For the Month of: July 2025
Commission File Number: 001-40207

Waldencast plc
(Translation of Registrant's name into English)

81 Fulham Road
London, SW3 6RD
United Kingdom
(Address of principal executive office)

Indicate by check mark whether the registrant files or will file annual reports under cover of Form 20-F or Form 40-F:

☒ Form 20-F ☐ Form 40-F

Acquisition of Novaestiq Corp.

On July 22, 2025 (the "Closing Date"), Waldencast plc, a public limited company incorporated under the laws of Jersey (the "Company" or "Waldencast"), together with its newly-formed and wholly-owned subsidiary, Novaestiq Holding LLC, a Delaware limited liability company ("Buyer"), entered into a common stock purchase agreement (the "Stock Purchase Agreement") and a related registration rights agreement (the "RRA") with NVQ Investors Holding, LLC, a Delaware limited liability company ("NVQ Holding"), Croma-Pharma GmbH, a company organized under the laws of Austria ("Croma"), and Novaestiq Corp., a Delaware corporation ("Novaestiq"). Pursuant to the terms and conditions of the Stock Purchase Agreement, Buyer purchased 100% of Novaestiq's issued and outstanding shares of common stock, par value $0.0001 per share (the "Common Stock").

Novaestiq owns, among other things, the exclusive rights to commercialize and distribute certain late-stage cosmetic filler products in the brand name of saypha® (the "Products") in the United States, subject to approval of such Products by the U.S. Food & Drug Administration (the "FDA"). Such commercialization will occur pursuant to a market development agreement between Novaestiq and Croma that was amended and restated as of the Closing Date. Capitalized terms used but not otherwise defined in this section have the meanings given to such terms in the Stock Purchase Agreement and the RRA, as applicable.

No third-party consents or other covenants were required to be obtained or performed during an interim period, so the Stock Purchase Agreement was signed simultaneously with the closing of the transactions contemplated thereby. The total consideration paid to NVQ Holding and Croma pursuant to the Stock Purchase Agreement consisted of (i) $3,000,000 in aggregate cash, subject to certain customary adjustments based on Closing Indebtedness, Closing Cash, Transaction Expenses, and Current Liabilities, and (ii) contingent consideration in the form of up to 9,819,000 unregistered Class A ordinary shares, par value $0.0001 per share, of the Company ("Class A Shares"), (1) 3,273,000 of such 9,819,000 Class A Shares are issuable upon the achievement of approval by the FDA of any Product and (2) the remainder of such 9,819,000 Class A Shares are issuable upon the achievement of certain sales milestones related to the Products ((1) and (2) collectively, the "Contingent Share Consideration"). The issuance of any Contingent Share Consideration will be exempt from registration pursuant to Section 4(a)(2) of the Securities Act of 1933, as amended (the "Securities Act"), and Rule 506 of Regulation D promulgated thereunder. In addition, as more fully described in the Stock Purchase Agreement, NVQ Holding and Croma will be entitled to certain additional ongoing cash payments based on net sales of the Products (together with the Contingent Share Consideration, the "Contingent Consideration").

Subject to any applicable securities laws and lock-up restrictions, if applicable, pursuant to the terms and conditions as set forth in the Stock Purchase Agreement and the separate RRA entered into among the Company, NVQ Holding, Croma, and each Holding Member, the resale of the Class A Shares to be issued pursuant to the Stock Purchase Agreement will have the benefit of registration rights, as more particularly described in the RRA.

The Stock Purchase Agreement and the RRA contain customary representations, warranties, conditions and indemnification obligations of the parties. The representations, warranties and covenants contained in such agreements were made only for purposes of such agreements and as of specific dates, were solely for the benefit of the parties to such agreements and may be subject to limitations agreed upon by the contracting parties to the Stock Purchase Agreement and the RRA.

The foregoing description of the Stock Purchase Agreement, the RRA and the transactions contemplated thereby is not complete and is subject to, and qualified in its entirety by, the full text of the Stock Purchase Agreement and RRA, copies of which are filed as Exhibit 4.1 and 4.2, respectively, and which are incorporated herein by reference.

Amendment to Credit Agreement

As previously disclosed, on March 18, 2025, Milk Makeup LLC, a Delaware limited liability company ("Milk Makeup"), and Obagi Cosmeceuticals LLC, a Delaware limited liability company ("Obagi Cosmeceuticals", and together with Milk Makeup, the "Borrowers"), which are wholly owned subsidiaries of the Company, entered into the Credit Agreement (as amended, restated, amended and restated, supplemented or otherwise modified from time

to time, the "Credit Agreement"), by and among the Borrowers, the Company, the lenders party thereto (the "Lenders") and TCW Asset Management Company, LLC, as administrative agent (in such capacity, the "Administrative Agent"). On the Closing Date, the Borrowers, the Company and certain of their subsidiaries entered into the Limited Consent and First Amendment to Credit Agreement (the "Amendment No. 1") with the Administrative Agent and the required Lenders. Amendment No. 1, among other things, (i) modifies certain financial covenants by (1) increasing the maximum Total Leverage Ratio (as defined in the Credit Agreement) to 7.00 to 1.00 (for the second fiscal quarter of 2025) and 7.00 to 1.00 (for the third fiscal quarter of 2025) and (2) decreasing the Minimum Fixed Charge Coverage Ratio (as defined in the Credit Agreement) to 0.95 to 1.00 (for the second fiscal quarter of 2025) and 0.95 to 1.00 (for the third fiscal quarter of 2025) and (ii) increases the maximum interest rate margin applicable to the loans (as further described below).

Borrowings under the Credit Agreement, as amended by the Amendment No. 1, will accrue interest at a rate per annum equal to, at the Borrowers' option, (i) the Adjusted Term SOFR Rate (as defined in the Credit Agreement and based on SOFR) plus an additional margin ranging from 6.25% per annum to 8.00% per annum or (ii) the Alternate Base Rate (as defined in the Credit Agreement) plus an additional margin ranging from 5.25% per annum to 7.00% per annum, each depending on the Total Leverage Ratio (as defined in the Credit Agreement) for the applicable determination period.

Press Release

A copy of the press release of the Company announcing the acquisition of Novaestiq is attached hereto as Exhibit 99.1.

The press release attached as Exhibit 99.1 shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that Section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such a filing.

Forward-Looking Statements

Statements in this report that are not historical, are forward-looking statements made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. Such statements include, but are not limited to, statements regarding the intended benefits of the transaction with Novaestiq, the ability to obtain FDA approval for Saypha®, the contingent issuance of the Class A Shares, and the growth strategies of Waldencast, including Obagi Medical and Novaestiq. These forward-looking statements generally are identified by the words "estimates," "projects," "expects," "anticipates," "forecasts," "plans," "intends," "believes," "seeks," "may," "will," "would," "should," "future," "propose," "target," "goal," "objective," "outlook" and variations of these words or similar expressions (or the negative versions of such words or expressions) are intended to identify forward-looking statements. These forward-looking statements are not guarantees of future performance, conditions or results, and involve a number of known and unknown risks, uncertainties, assumptions and other important factors, many of which are outside the control of Waldencast, Obagi Medical and Novaestiq that could cause actual results or outcomes to differ materially from those discussed in the forward-looking statements. Important factors, among others, that may affect actual results or outcomes include, but are not limited to: (i) the inability to recognize the anticipated benefits of the transaction; (ii) the inability to obtain FDA approval for one or both of the Saypha® products; (iii) the general impact of geopolitical events, including the impact of current wars, conflicts and other hostilities; (iv) the overall economic and market conditions, sales forecasts and other information about Waldencast's possible or assumed future results of operations or our performance; (v) changes in general economic conditions; (vi) the impact of any international trade or foreign exchange restrictions, the imposition of new or increased tariffs, foreign currency exchange fluctuations; (vii) that the price of Waldencast's securities may be volatile due to a variety of factors, including Waldencast's, Obagi Medical's or Novaestiq's inability to implement their business plans; and (viii) the ability to implement Waldencast's strategic initiatives and continue to innovate Obagi Medical's existing products and anticipate and respond to market trends and changes in consumer preferences. The foregoing list of factors is not exhaustive. You should carefully consider the foregoing factors and the other risks and uncertainties described in the "Risk Factors" section of Waldencast's Annual Report on Form 20-

F for the year ended December 31, 2024, filed with the SEC on March 20, 2025, or in other documents that may be filed or furnished by Waldencast from time to time with the SEC. These filings identify and address other important risks and uncertainties that could cause actual events and results to differ materially from those contained in the forward-looking statements. Forward-looking statements speak only as of the date they are made. Readers are cautioned not to put undue reliance on forward-looking statements, and Waldencast assumes no obligation and do not intend to update or revise these forward-looking statements, whether as a result of new information, future events, or otherwise.

EXHIBIT INDEX

EXHIBIT NO.	DESCRIPTION
4.1	Stock Purchase Agreement dated July 22, 2025, by and among the Waldencast plc, Novaestiq Holding LLC, NVQ Investors Holding, LLC, Croma-Pharma-GmbH and Novaestiq Corp.
4.2	Registration Rights Agreement dated July 22, 2025, by and among Waldencast plc, NVQ Investors Holding, LLC, Croma-Pharma-GmbH and each member of NVQ Investors Holding, LLC.
99.1	Press release of Waldencast plc, dated July 22, 2025, relating to the acquisition of Novaestiq Corp.

Certain portions of Exhibits 4.1 and 4.2 have been omitted pursuant to Rule 601(b)(10) of Regulation S-K. The omitted information is (i) not material and (ii) the type that the registrant treats as private or confidential. Information that has been omitted has been noted in this document with a placeholder identified by the mark "[Intentionally Omitted]".

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, Waldencast plc has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

Waldencast plc
(Registrant)

Date: July 23, 2025

By: /s/ Michel Brousset
Name: Michel Brousset
Title: Chief Executive Officer

4K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Y

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Cardinal Health 200, LLC

Physical Address: 9756 Heartland Court

City: Columbus State: OH Zip: 43217

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin State: OH Zip: 43017

Telephone: 614-497-9552 Website: www.cardinalhealth.com

Name of Designated Representative (DR): Zachary Whidden

Licensing Company Email: licensure@cardinalhealth.com DR Email: zachary.whidden@cardinalhealth.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☒ Others: Wholesaler

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

see Attached Explanation

Original Signature (electronic, copies or stamps not accepted)

7/29/25
Date

CardinalHealth

July 29, 2025

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
Cardinal Health 200, LLC – Columbus, OH

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to Question 3 on our application for Wholesaler. We have a few matters to disclose based on our parent company, Cardinal Health, Inc. *Please note that the facility that is the subject of this application does not have any disciplinary history to disclose.*

On September 24, 2020, Cardinal Health finalized a settlement agreement with the Colorado Board of Pharmacy and paid a fine of $1,150. This settlement was regarding the failure of our Denver, Colorado distribution center to timely notify the Board of a change in that distribution center's designated representative.

Cardinal Health's pharmaceutical distribution center in Valencia, California entered into a settlement agreement with the California Board of Pharmacy in April 2019. As a condition of that settlement, the California Wholesale license for our Valencia distribution center was on probation from April 3, 2019, through April 2, 2021. This agreement resulted from the Valencia distribution center making sales to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012, administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

In September 2013, Cardinal Health's distribution center located in Ontario, California, received a citation involving prescription device deliveries being made to an unauthorized customer; the facility paid the fine of $5,000.00 and the matter was closed. In July 2014, the State of Michigan Department of Licensing and Regulatory Affairs (LARA) took derivative action against the Ontario, CA, facility based upon the action described above. LARA issued a Consent Order and fined the Ontario facility $500. Cardinal Health paid the fine to LARA on July 9, 2014.

If you have any questions, Cory Kopitzke, Assistant General Counsel, Regulatory at Cory.Kopitzke01@cardinalhealth.com.

Sincerely,

Keegan Chamberlain

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Baxter Healthcare Corporation
Address: One Baxter Parkway City: Deerfield State: IL Zip: 60015
Name: Vantive US Healthcare LLC
Address: One Baxter Parkway Building 6 City: Deerfield State: IL Zip: 60015
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Allegiance Corporation (Parent Company of Cardinal Health 200, LLC)
Corporation Name: Cardinal Health Inc. (Ultimate Holding Company)
Mailing Address: 7000 Cardinal Place
City: Dublin State: OH Zip: 43017
Telephone: 614-757-5000 Email: licensure@cardinalhealth.com
Contact Person Name: LaToyia Martin

Date of SEC Registration: 08/04/1983	SEC Registration Number: 721371	Stock Exchange Symbol: CAH

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Cardinal Health 200, LLC

Facility Name

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7/29/25

Date

Board Use Only	Date Received: 7/31/25	Amount: $1000 - CK 10935141

NABP ACCREDITED
DRUG DISTRIBUTOR

Cardinal Health 200, LLC
dba Cardinal Health

located at

9756 Heartland Ct, Columbus, OH 43217

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

11/10/2023 - 11/9/2026
Period of Accreditation

CardinalHealth

9756 Heartland Court
Columbus, Ohio 43217

Officer Name	Title
Stephen Michael Mason	CEO, Global Medical Products & Distribution
Keegan David Chamberlain	Director, Regulatory Management
Julie Erin Webb	VP, Quality Management
John Henry Martin Jr.	SVP, Tax
Brent Mathew Withrow	Assistant Treasurer

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Cardinal Health - Medical Distribution,
Quality & Regulatory Affairs
7000 Cardinal Place
Dublin OH 43017
cardinalhealth.com
614.553.3076 tel

licensure@cardinalhealth.com email

CardinalHealth

Top 4 Shareholders

- **BlackRock Inc.:** Holds 13.33% of the shares
- **Vanguard Group Inc.:** Holds 12.88% of the shares
- **State Street Corporation:** Holds 5.46% of the shares
- **Geode Capital Management, LLC:** Holds 2.59% of the shares

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDINAL HEALTH 200, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

2610958 8300

SR# 20251826954

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203553375

Date: 04-28-25

Ohio Board of Pharmacy

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2027.

Cardinal Health 200, LLC

9756 Heartland Ct

Columbus, OH 43217-5004

License Number: 0130000505

License Type: Wholesaler - Category 2

Sub-Category: FS – Full Service

Expiration Date: June 30, 2027

Responsible Person – Print, sign, and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request in eLicense Ohio - elicense.ohio.gov.

Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/27/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	INSURER A:	XL Insurance America Inc	24554
	INSURER B:	XL Specialty Insurance Co	37885
	INSURER C:	Greenwich Insurance Company	22322
	INSURER D:	Indian Harbor Insurance Company	36940
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570113739408 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY			RGD943716720	06/30/2025	06/30/2026	EACH OCCURRENCE	$5,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
	X Liquor Liability Included						MED EXP (Any one person)	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$5,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$5,000,000
	OTHER						PRODUCTS - COMP/OP AGG	Excluded
							Liquor Liability Lim	Included
C	AUTOMOBILE LIABILITY			RAD943716820	06/30/2025	06/30/2026	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
A	X UMBRELLA LIAB X OCCUR			US00092147LI25A	06/30/2025	06/30/2026	EACH OCCURRENCE	$5,000,000
	EXCESS LIAB CLAIMS-MADE			SIR applies per policy terms & conditions			AGGREGATE	$5,000,000
	DED X RETENTION						Products/Completed O	Excluded
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			RWD943512520 (AOS)	06/30/2025	06/30/2026	X PER STATUTE OTH-ER	
A	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N / A		RWR943512620 (WI)	06/30/2025	06/30/2026	E.L. EACH ACCIDENT	$5,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$5,000,000
							E.L. DISEASE-POLICY LIMIT	$5,000,000
D	E&O - Professional Liability - Primary			RGD943797706 E&O SIR applies per policy terms & conditions	06/30/2025	06/30/2026	Loss Limit	$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Professional Liability policy is claims Made.

CERTIFICATE HOLDER

Cardinal Health, Inc.
7000 Cardinal Place
Dublin OH 43017 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc.

Holder Identifier :

Certificate No : 570113739408

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570113739408	
CARRIER: See Certificate Number: 570113739408 / NAIC CODE	EFFECTIVE DATE

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		RWR300142407 (AK)	06/30/2025	06/30/2026		
	OTHER							
B	Excess Workers Compensation			RWE943514320 Xs Work Comp - OH SIR applies per policy terms & conditions	06/30/2025	06/30/2026	EL Each Accident	$4,500,000
							EL Disease - Ea Empl	$4,500,000

ACORD 101 (2008/01)

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570113739408	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570113739408	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Evidence of Coverage

As respects the Commercial General Liability Policy:
Additional Insured Managers or Lessors of Premises : as required by written contract
Additional Insured Owners, Lessees or Contractors - Scheduled Persons or Organization : as required by written contract
Coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured and shall not increase the applicable Limits of Insurance

As respects the Automobile Liability Policy:
Coverage symbol 1 (Any Auto) applies to Automobile Liability which includes coverage for Hired / Non-Owned Autos
Lessor - Additional Insured: all leased autos.
The policy will pay as interest may appear, you (Cardinal Health) and the lessor named in this endorsement for "loss" to a "leased auto".
Additional Insured Where Required under Written Contract or Agreement Endorsement

As respects General Liability, Automobile Liability, and Workers Compensation Policies:
Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.

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AGENCY CUSTOMER ID: 570000070825

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570113739408	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570113739408	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insured Listing

Named Insured Listing includes but is not limited to the following:
A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Acuity GPO, LLC
ADS Parent, LLC
ADS Interco, Inc.
ADS Buyer, Inc.
Aero-Med, LLC
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance Healthcare (Labuan) Pte. Ltd.
Allegiance I, LLC
Allegiance Labuan Holdings Pte. Ltd.
C. International, Inc.
Cardinal Distribution Holding Corporation - I
Cardinal Distribution Holding Corporation - II
Cardinal Health (Shanghai) Medical Devices Co., Ltd.
Cardinal Health 100, LLC
Cardinal Health 104 LP
Cardinal Health 105, LLC
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 133, Inc.
Cardinal Health 134, LLC
Cardinal Health 135, LLC
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, LLC
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 23 Funding, LLC
Cardinal Health 23, LLC
Cardinal Health 242, LLC
Cardinal Health 247, Inc.

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AGENCY CUSTOMER ID: 570000070825

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570113739408	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570113739408	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health 249, LLC
Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BV
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Global Contracting Company Limited
Cardinal Health Holding International, Inc.
Cardinal Health Holdings Hungary Kft.
Cardinal Health International India Pvt. Ltd.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health K.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.a.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Cooperatie U.A.

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AGENCY CUSTOMER ID: 570000070825

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570113739408	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570113739408	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Panama, S. de R.L.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Switzerland 515, GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal MED Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S. de R.L. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Convertors de Mexico S. de R.L. de C.V.
Cordis Corporation
Cornerstone Rheumatology LP
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S. de R.L. de C.V.
Experience East, LLC
Flexible Stenting Solutions, LLC
GastroGPO, LLC
Gastrologix, LLC
Generic Drug Holdings, LLC
Griffin Capital, LLC
HDG Acquisition, LLC
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies, LLC
Instant Diagnostic Systems, Inc.
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd.
Kinray I, LLC
KPR U.S., LLC
Leader Drugstores, Inc.
Ludlow Technical Products Canada, Ltd.

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AGENCY CUSTOMER ID: 570000070825

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570113739408	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570113739408	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
MosaicGPO, LLC
mscripts Holdings, LLC
mscripts, LLC
Nautic Specialty Networks VIII-A Bocker, LLC
Navista Investments, LLC
Navista Network Holding, LLC
Navista Network, LLC
North Coast Medical Supply, LLC DBA Advanced Diabetes Supply
One Cloverleaf, LLC
OptiFreight Holdings, LLC
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Precision Point Specialty, LLC
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
ScalaMed Pty Ltd
Sierra Radiopharmacy, L.L.C.
SN Buyer, LLC
SN Funding, LLC
SN Intermediate, Inc.
SOAR Network, LLC
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
Specialty Networks Consulting, LLC
Specialty Networks Research, LLC
Specialty Networks Urology Registry, LLC
Specialty Networks, LLC
The Harvard Drug Group, L.L.C.
Traverse GPO, LLC
United Rheumatology NY IPA I, LLC
United Rheumatology, LLC
United States Medical Supply, LLC
US Med, LLC
United States Med Direct, LLC
UR Nice, LLC
UroGPO, LLC
US Med Buyer, Inc.
US Med Acquisition, Inc.
Velocare, LLC
Wavemark Cyprus Pvt. Ltd.
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775 850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Cardinal Health 200, LLC — MDEG License # (if applicable): New App

Physical Address: 9756 Heartland Court

City: Columbus — State: OH — Zip: 43217

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin — State: OH — Zip: 43017

Telephone: 614-497-9552 — Website: www.cardinalhealth.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Zachary — Middle: David — Last: Whidden

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] — State: [redacted] — Zip: 43065

Telephone: [redacted] — Email: zachary.whidden@cardinalhealth.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the Un ted States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the Un ted States Publ c Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the Un ted States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY - MM/YY)	
The Ohio State University		2011-2013	
Address	**City**	**State**	**Zip**
2100 Neil Ave	Columbus	OH	43210
Diploma/Degree obtained, if any			
MASTER'S DEGREE			
School Name		**From - To (MM/YY - MM/YY)**	
The Ohio State University		2004 - 2008	
Address	**City**	**State**	**Zip**
1645 Neil Ave	Columbus	OH	43210
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY - MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
Aug -current	[redacted]	[redacted]	[redacted]	43065
10/21 - 8/22				43054
1/19 - 4/20				27519
4/20 - 10/21				27502
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Cardinal Health			01/23- Present	
Business Address		**City**	**State**	**Zip**
9756 Heartland Court		Columbus	OH	43217
Phone	**Title**		**Number of Employed Hours**	
614-497-9552	Director, Operations Mgmt		1500 +	

Description of Duties

Oversee operation consisting of 150 employees/contractors responsible for the receiving, picking, packing, and shipping of medical supplies. Managed quality assurance, inventory control, transportation, and maintenance of all operations.

Business Name			From - To (MM/YY – MM/YY)	
Cardinal Health			11/21 - 01/23	
Business Address		**City**	**State**	**Zip**
2320 McGaw Road		Obetz	OH	43207
Phone	**Title**		**Number of Employed Hours**	
614-497-9552	Director of Operations		1500 +	

Description of Duties

Oversee operation consisting of 110 employees/contractors responsible for the receiving, picking, packing, and shipping of medical supplies. Managed quality assurance, inventory control, transportation, and maintenance of all operations.

Business Name			From - To (MM/YY – MM/YY)	
Cardinal Health			07/16 - 11/21	
Business Address		**City**	**State**	**Zip**
5104 Chin Page Road		Durham	NC	27703
Phone	**Title**		**Number of Employed Hours**	
(919) 474-8456	Director of Operations		1500 +	

Description of Duties

Responsible for the general supervision, safety, quality assurance, inventory control, transportation, and maintenance of all warehouse operations for shipping medical products

Business Name			From - To (MM/YY – MM/YY)	
Cardinal Health			09/2013 - 06/2016	
Business Address		**City**	**State**	**Zip**
171 Thorn Hill Road		Warrendale	PA	15086
Phone	**Title**		**Number of Employed Hours**	
(724) 776-5411	Site Operations Manager		1500 +	

Description of Duties

Oversaw operations consisting of employees responsible for receiving, picking, packing, and shipping of medical supplies. Managed quality assurance, inventory control, transportation, and maintenance of all warehouse operations

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

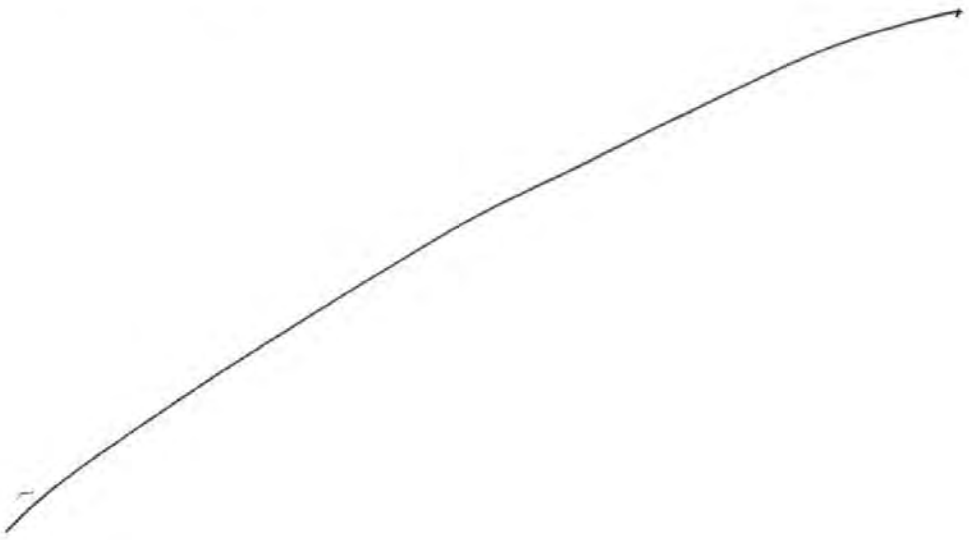
Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy			
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted) Date

I, Zachary Whidden, **certify that as the MDEG Administrator for**

Cardinal Health 200, LLC,

that I (initial that you have read and meet the following requirements):

1. ZW Have a high school diploma or its equivalent;
2. ZW Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ZW Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ZW Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Zachary Whidden
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7.22.25
Date

Board Use Only	Date Received:

Cardinal Health - Medical Distribution,
Quality & Regulatory Affairs
7000 Cardinal Place
Dublin OH 43017
cardinalhealth.com
614.553.3076 tel

licensure@cardinalhealth.com email

CardinalHealth

Employee List

- Zachary Whidden- *Director, Operations Management*
- Robert Frank- *Manager, Warehouse Operations*
- Jeff Mason - *Supervisor, Inventory Management*
- Robert Smith - *Supervisor, Warehouse Operations*
- William Cilles - *Supervisor, Warehouse Operations*
- Lorraine Western Fountain - *Quality Advisor*
- Steven Sigmund - *Manager, Operations Management*

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

Current Report

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): June 12, 2025

Cardinal Health, Inc.

(Exact name of registrant as specified in its charter)

Ohio	1-11373	31-0958666
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

7000 Cardinal Place, Dublin, Ohio 43017

(614) 757-5000

(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instructions A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	*Trading Symbol(s)*	*Name of each exchange on which registered*
Common shares (without par value)	**CAH**	**New York Stock Exchange**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01: Regulation FD Disclosure

On June 12, 2025, Cardinal Health, Inc. (the "Company") issued a press release announcing, among other things, updated fiscal year 2025 outlook and preliminary outlook for fiscal year 2026, long-term financial targets and certain strategic updates. A copy of this news release is included as Exhibit 99.1 to this report.

The Company today will host an Investor Day beginning at 9:00 a.m. Eastern time where management will discuss the Company's financial outlook and provide updates on the Company's strategy and capital allocation framework. The event will be live-webcast and archived on the Company's Investor Relations website. To access the webcast and corresponding slide presentation, visit ir.cardinalhealth.com. No access code is required.

Item 9.01: Financial Statements and Exhibits

(d) Exhibits.

Exhibit Number	Exhibit Description
99.1	News release issued by the Company on June 12, 2025

Signatures

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cardinal Health, Inc.
(Registrant)

Date: June 12, 2025

By: /s/ AARON E. ALT
Aaron E. Alt
Chief Financial Officer

CardinalHealth

Cardinal Health Details Momentum and Updated Long-Term Value Creation Plans at Investor Day

Key announcements:

- Raising FY25 non-GAAP diluted EPS guidance to $8.15 to $8.20[1]
- Establishing preliminary FY26 non-GAAP diluted EPS guidance of $9.10 to $9.30 (13% growth at the mid-points)[2]
- Confirming long-term target of 12% to 14% non-GAAP diluted EPS CAGR for FY26 to FY28[3]
- Raising long-term target for Pharmaceutical and Specialty Solutions profit to 5% to 7% normalized growth[3,4]
- Raising long-term target for Other profit to ~10% normalized growth[3,4,5]
- Updating GMPD long-term target to $50M+ of profit growth per year after FY26
- Expecting at least $10B in total adjusted free cash flow over next three years
- Raising baseline share repurchase plans to at least $750M per year
- Company reiterating strategic priorities and providing updates across its businesses

DUBLIN, Ohio, June 12, 2025 – Cardinal Health (NYSE: CAH) today will host an Investor Day beginning at 9:00 a.m. ET, where management will detail its growth strategies to maximize the company's potential for all stakeholders.

"We are proud of the strong and resilient foundation we have built that enables us to deliver compelling future growth," said Jason Hollar, Chief Executive Officer of Cardinal Health. "We look forward to highlighting the significant opportunities in front of Cardinal Health as we continue to evolve to reach our full potential."

The company will also discuss its updated long-term financial outlook and capital allocation plans, with its disciplined capital allocation framework remaining unchanged.

Aaron Alt, Chief Financial Officer of Cardinal Health commented, "With the benefits of our robust cash flow generation, continued investments in the business and accelerating contributions from higher-margin businesses, we are positioning our business to deliver sustainable long-term growth and value creation."

Strategic Updates

Cardinal Health continues to prioritize building upon the growth and resiliency of Pharmaceutical and Specialty Solutions by expanding in Specialty, accelerating its growth businesses and executing GMPD Improvement Plan initiatives.

Launching The Specialty Alliance
The Specialty Alliance multi-specialty MSO platform will encompass the recently acquired GI Alliance, as well as the newly established Urology Alliance following the company's broadened therapeutic reach into urology with the recent acquisitions of Urology America and Potomac Urology.

The company's MSO platforms, including The Specialty Alliance and the separately managed Navista oncology alliance, now support approximately 2,200 providers across 28 states and over 450 sites of care.

Expanding Biopharma Solutions
Cardinal Health announces continued investments in Biopharma Solutions. The Specialty Networks' PPS Analytics and SoNaR data and insights platforms, originally focused upon urology, are launching into oncology and further expanding in gastroenterology and rheumatology, in support of Cardinal Health's manufacturer partners and practitioner customers, including physicians served by the company's MSO platforms. Additionally, the company expects its Sonexus™ Access and Patient Support "hub" platform to more than double its supported therapies by fiscal year 2028.

Investing in Core Pharmaceutical Distribution
The Consumer Health Logistics Center (CHLC) in Ohio has begun to take delivery of inventory and will be fully operational in July 2025. The CHLC is the first step in a multi-year path towards increasing capacity and driving efficiencies across the company's pharmaceutical distribution network.

Cardinal Health also announces plans to build a new state-of-the-art forward distribution center with the latest in automation technology and is currently conducting a multi-state evaluation of potential locations.

Additionally, Cardinal Health's new customer ordering platform, Vantus HQ, has reached critical mass, enabling retail customers with enhanced capabilities for searching products, tracking orders and accessing reporting.

Accelerating growth across Nuclear and Precision Health Solutions, at-Home Solutions and OptiFreight Logistics
Nuclear and Precision Health Solutions plans to invest over $150 million over the next three years in support of the substantial theranostics and PET product pipeline across the industry in areas such as oncology, urology and neurology. The business announces the expansion of its cyclotron network for PET products in 11 markets across the United States and the further expansion of its Center for Theranostics Advancement, including its pharmacy dispensing and commercial capabilities.

Following the completion of the acquisition of Advanced Diabetes Supply (ADS) on April 1, at-Home Solutions has begun realizing anticipated acquisition synergies, including the distribution network integration of the ADS business, with completion expected within six months. at-Home Solutions also announces the opening of its automated Fort Worth facility and plans for further automation distribution center expansion at three additional sites, including two new distribution centers planned in the West and the Northeast.

OptiFreight Logistics announces the expansion of its offerings within the hospital pharmacy setting, supporting the ongoing growth of the business.

Continued execution of the GMPD Improvement Plan

The Global Medical Products and Distribution business continues to execute its improvement plan, which remains focused upon accelerating Cardinal Health Brand growth and driving simplification and cost optimization. The multi-step effort builds upon the earlier progress of the GMPD improvement plan, which returned the business to positive profit and cash flow generation.

Financial Updates

Fiscal year 2025 guidance updates

The company is making the following updates to its fiscal year 2025 guidance:

- Raising and narrowing non-GAAP diluted EPS: $8.15 to $8.20, from $8.05 to $8.15 (9% growth at the mid-point)
- Raising Pharmaceutical and Specialty Solutions segment profit: 12% to 13% growth, from 11.5% to 12.5% growth
- Narrowing Global Medical Products and Distribution segment profit: ~$130 million, from $130 million to $140 million
- Raising Other[5] segment profit: 19% to 21% growth, from 16% to 18% growth
- Narrowing interest and other: ~$200 million, from $200 million to $215 million
- Narrowing non-GAAP effective tax rate: ~23.0%, from 23.0% to 23.5%
- Raising adjusted free cash flow: ~$2 billion, from ~$1.5 billion

The company is reiterating all other fiscal year 2025 guidance assumptions provided on May 1st, 2025.

Preliminary fiscal year 2026 guidance

The company is providing preliminary guidance for fiscal year 2026:

Non-GAAP diluted EPS	$9.10 to $9.30 (+13% growth at mid-points)
Adjusted free cash flow	$2.75B to $3.25B
Capital expenditures	~$600M
Interest and other	~$275M
Non-GAAP effective tax rate	22% to 24%
Pharmaceutical and Specialty Solutions:	
Revenue	11% to 13% growth
Segment profit (Reported)	10% to 12% growth
Segment profit (Normalized)[4]	5% to 7% growth
Global Medical Products and Distribution:	
Revenue	3% to 5% growth
Segment profit	$140M+
Other[5]:	
Revenue (Reported)	26% to 28% growth
Segment profit (Reported)	25% to 27% growth
Revenue (Normalized)[4]	10% to 12% growth
Segment profit (Normalized)[4]	~10% growth

Long-term targets
The company is providing updated long-term targets (fiscal years 2026 to 2028 CAGRs[3]):

Non-GAAP diluted EPS	12% to 14% growth
Pharmaceutical and Specialty Solutions:	
Revenue	8% to 10% growth
Segment profit (Reported)	7% to 9% growth
Segment profit (Normalized)[4]	5% to 7% growth
Global Medical Products and Distribution:	
Revenue	2% to 4% growth
Segment profit	$50M+ of profit growth per year after FY26
Other[5]:	
Revenue (Reported)	16% to 18% growth
Segment profit (Reported)	15% to 17% growth
Revenue (Normalized)[4]	10% to 12% growth
Segment profit (Normalized)[4]	~10% growth
Adjusted Free Cash Flow (FY26 to FY28 total)	At least $10B
Share Repurchases (FY26 to FY28 total)	At least $2.25B

Capital deployment updates
Cardinal Health continues to deploy capital according to its disciplined capital allocation framework.

The company anticipates robust cash flow generation and plans to invest at least $600 million per year in capital expenditures to drive organic growth across its businesses. Additionally, the company expects at least $750 million in baseline share repurchases each of the next 3 years, above its previous annual baseline expectation of $500 million annually.

Webcast
Cardinal Health will host a webcast today from 9:00 a.m. to approximately 12:00 p.m. ET. To access the webcast and corresponding slide presentation, go to the Investor Relations page at ir.cardinalhealth.com. No access code is required. Presentation slides and a webcast replay will be available on the Investor Relations page for 12 months.

About Cardinal Health
Cardinal Health is a distributor of pharmaceuticals and specialty products; a global manufacturer and distributor of medical and laboratory products; a supplier of home-health and direct-to-patient products and services; an operator of nuclear pharmacies and manufacturing facilities; and a provider of performance and data solutions. Our company's customer-centric focus drives continuous improvement and leads to innovative solutions that improve people's lives every day. Learn more about Cardinal Health at cardinalhealth.com and in our Newsroom.

Contacts

Media: Erich Timmerman, Erich.Timmerman@cardinalhealth.com and 614.757.8231
Investors: Matt Sims, Matt.Sims@cardinalhealth.com and 614.553.3661

[1]GAAP refers to U.S. generally accepted accounting principles. This news release includes GAAP financial measures as well as non-GAAP financial measures, which are financial measures not calculated in accordance with GAAP. See "Use of Non-GAAP Measures" following the attached schedules for definitions of the non-GAAP financial measures presented in this news release and see the attached schedules for reconciliations of the differences between the non-GAAP financial measures and their most directly comparable GAAP financial measures.

[2]The company does not provide forward-looking guidance on a GAAP basis as certain financial information, the probable significance of which cannot be determined, is not available and cannot be reasonably estimated. See "Use of Non-GAAP Measures" following the attached schedules for additional explanation.

[3]FY26 to FY28 CAGR; as of FY25 guidance baseline.

[4]Normalized ranges for Pharmaceutical and Specialty Solutions and Other exclude contributions from recent Integrated Oncology Network (ION), GI Alliance (GIA) and Advanced Diabetes Supply (ADS) acquisitions.

[5]Other includes the following three operating segments: Nuclear and Precision Health Solutions (NPHS), at-Home Solutions and OptiFreight Logistics, which are not significant enough individually to require reportable segment disclosure.

Cardinal Health uses its website as a channel of distribution for material company information. Important information, including news releases, financial information, earnings and analyst presentations, and information about upcoming presentations and events is routinely posted and accessible on the Investor Relations page at ir.cardinalhealth.com. In addition, the website allows investors and other interested persons to sign up automatically to receive email alerts when the company posts news releases, SEC filings and certain other information on its website.

Cautions Concerning Forward-Looking Statements

This release contains forward-looking statements addressing expectations, prospects, estimates and other matters that are dependent upon future events or developments. These statements may be identified by words such as "expect," "anticipate," "intend," "plan," "believe," "will," "should," "could," "would," "project," "continue," "likely," and similar expressions, and include statements reflecting future results or guidance, statements of outlook and various accruals and estimates. These matters are subject to risks and uncertainties that could cause actual results to differ materially from those projected, anticipated or implied. These risks and uncertainties include the risk that we may fail to achieve our strategic objectives, including the continued execution of the GMPD Improvement Plan initiatives, whether as a result of tariffs on products we source or manufacture, an uncertain global economic environment, Cardinal Health Brand sales or ongoing inflationary pressures; competitive pressures in Cardinal Health's various lines of business, including the risk that customers may reduce purchases made under their contracts with us or terminate or not renew their contracts, whether due to price increases or otherwise; our ability to manage uncertainties associated with the pricing of branded pharmaceuticals, including as a result of legislative or executive actions; risks associated with litigation matters, including a Department of Justice investigation focused on potential violations of the Anti-Kickback Statute and False Claims Act; the risk that events outside of our control, such as weather or geopolitical events, may impact demand for our products or may cause supply shortages that impact our cost and ability to fulfill customer demand; the performance of our generics program, including the amount or rate of generic deflation and our ability to offset generic deflation and maintain other financial and strategic benefits through our generic sourcing venture or other components of our generics programs; risks associated with recently completed and pending acquisitions, including risks arising as a result from our entry into new lines of businesses.. Cardinal Health is subject to additional risks and uncertainties described in Cardinal Health's Form 10-K, Form 10-Q and Form 8K reports and exhibits to those reports. This release reflects management's views as of June 12, 2025. Except to the extent required by applicable law, Cardinal Health undertakes no obligation to update or revise any forward-looking statement. Forward-looking statements are aspirational and not guarantees or promises that goals, targets or projections will be met, and no assurance can be given that any commitment, expectation, initiative or plan in this report can or will be achieved or completed. Cardinal Health provides definitions and reconciliations of non-GAAP financial measures and their most directly comparable GAAP financial measures at ir.cardinalhealth.com

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH03798	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: LNHC, Inc.

Physical Address: 4020 Stirrup Creek Drive, Suite 110

City: Durham State: NC Zip: 27703

Mailing Address (if different from physical address): 4020 Stirrup Creek Drive, Suite 110

City: Durham State: NC Zip: 27703

Telephone: 919-908-2400 Website: https://pelthos.com/

Name of Designated Representative (DR): Melvin Whitehead

Licensing Company Email: regulatory@pelthos.com DR Email: mwhitehead@pelthos.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☐ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: Human Prescription Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Distributors, Specialty Pharmacies,		☒ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attached
Address: See attached City: See attached State: See Zip: See
Name: See attached
Address: See attached City: See attached State: See Zip: See
Name: See attached
Address: See attached City: See attached State: See Zip: See
Name: See attached
Address: See attached City: See attached State: See Zip: See

Section 4: Publicly Traded Corporation

State of Incorporation: DE
Parent Company (if any): Pelthos Therapeutics, Inc.
Corporation Name: LNHC, Inc
Mailing Address: 4020 Stirrup Creek Drive, Suite 110
City: Durham State: NC Zip: 27703
Telephone: (919) 908-2400 Email: contact@pelthos.com
Contact Person Name: Scott Plesha

Date of SEC Registration: n/a	SEC Registration Number: n/a	Stock Exchange Symbol: PTHS

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # n/a . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

n/a

Original Signature (electronic, copies or stamps not accepted)

7/28/2025
Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		x
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [3]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [3]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

LNHC, Inc.
Facility Name

Scott Plesha
Print Name of Authorized Person Submitting Application

Scott L. Plesha
Original signature of Authorized Person (copies or stamps not accepted)

7/29/2025
Date

Board Use Only	Date Received: 7/31/25	Amount: $1000 ck 4036

Exhibit 99.2

Pelthos Therapeutics Completes Merger with Channel Therapeutics and Closes $50.1 Million Private Placement

The combined company plans to launch ZELSUVMI™ for the treatment of molluscum contagiosum infections in July 2025

Concurrent with the closing of the merger, the combined company closed on a $50.1 million equity private placement

Combined company will operate under the name "Pelthos Therapeutics Inc." and will trade on the NYSE American exchange under the ticker symbol "PTHS" starting on July 2, 2025

DURHAM, N.C., July 2, 2025– Pelthos Therapeutics Inc., a biopharmaceutical company committed to commercializing innovative therapeutic products for high unmet patient needs, today announced the closing of the previously announced merger agreement pursuant to which CHRO Merger Sub Inc. ("Merger Sub"), a wholly owned subsidiary of Channel Therapeutics Corporation ("Channel"), merged with and into LNHC, Inc. ("LNHC"), a wholly owned subsidiary of Ligand Pharmaceuticals Incorporated ("Ligand") (Nasdaq: LGND), with LNHC surviving as a wholly owned subsidiary of Channel (the "Merger"). The combined company will operate under the name Pelthos Therapeutics Inc. ("Pelthos" or the "Company"), and its shares will trade on the NYSE American exchange starting on July 2, 2025 under the new ticker symbol "PTHS".

"This Merger represents a significant milestone for Pelthos, taking us closer to the launch of ZELSUVMI™ and enabling us to deliver this innovative product to the patients who need it. We are excited to begin this new chapter as a publicly traded company and to create value for our shareholders," said Scott Plesha, the CEO of the Company following the Merger.

Concurrent with the Merger, Pelthos closed on a $50.1 million private placement from a group of strategic investors led by Murchinson Ltd. ("Investors"). The capital is being invested into Pelthos' shares of Series A Convertible Preferred Stock, par value $0.0001 per share (the "Series A Preferred Stock") and common stock, par value $0.01, and includes cancellation of approximately $18.8 million in bridge capital that has been advanced to Pelthos by certain of the private placement Investors since the beginning of 2025 to support the commercial launch of ZELSUVMI™.

Pelthos will initially focus on the launch and commercialization of ZELSUVMI™ (berdazimer) topical gel, 10.3%, for the treatment of *molluscum contagiosum* infections ("molluscum") in adults and pediatric patients one year of age and older.[1] ZELSUVMI™ is an FDA-designated novel drug and the first and only prescription medication approved for the treatment of molluscum that can be administered at home by parents, patients, and caregivers. Molluscum is a poxvirus and one of the most common skin infections seen by dermatologists, pediatric dermatologists, and pediatricians, afflicting an estimated 16.7 million people in the United States.[2,3]

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[1] Please see ZELSUVMI™ (berdazimer) topical gel full prescribing information available at https://www.fda.gov/drugsatfda for important safety information or www.zelsuvmi.com

[2] US Census Bureau. QuickFacts: United States.2022. https://www.census.gov/quickfacts/fact/table/US/PST045222

[3] Hebert AA, et al. J Clin Aesthet Dermatol. 2023 Aug;16(8 Suppl 1):S4-S11

Additionally, Pelthos is continuing to evaluate the path forward for its existing NaV 1.7 development programs for the treatment of various types of chronic pain, acute and chronic eye pain, and post-surgical nerve blocks.

Frank Knuettel II, former CEO of Channel Therapeutics Corporation and the newly appointed CFO of Pelthos, added, "I am pleased to have completed the Merger on behalf of Channel's shareholders, and I am delighted to join the high-caliber team at Pelthos to help guide the launch of ZELSUVMI™. The management team has extensive experience in successfully launching new therapies, and I believe this transaction will position Pelthos for future growth."

A.G.P. / Alliance Global Partners served as financial advisor to Channel. Sullivan & Worcester LLP served as Channel's legal counsel and Latham & Watkins LLP served as lead counsel to Ligand. Kelley Drye & Warren LLP and Morgan, Lewis and Bockius LLP represented Murchinson Ltd.

About ZELSUVMI™ (berdazimer) topical gel, 10.3%

ZELSUVMI™ (berdazimer) topical gel, 10.3% is a nitric oxide (NO) releasing agent indicated for the topical treatment of *molluscum contagiosum* in adults and pediatric patients one year of age and older. ZELSUVMI™ received a novel drug designation from the U.S. Food and Drug Administration in 2024 and is the first and only approved topical prescription medication that can be applied by patients, parents, or caregivers at home, outside of a physician's office, or other medical setting to treat this highly contagious viral skin infection. The product was developed using Pelthos' proprietary nitric oxide-based technology platform, NITRICIL™. Complete prescribing information and important safety information is available at www.zelsuvmi.com.

About Pelthos Therapeutics

Pelthos Therapeutics is a biopharmaceutical company committed to commercializing innovative, safe, and efficacious therapeutic products to help patients with unmet treatment burdens. The company's lead product ZELSUVMI™ (berdazimer) topical gel, 10.3%, for the treatment of *molluscum contagiosum*, was approved by the U.S. Food and Drug Administration in 2024. More information is available at www.pelthos.com. Follow Pelthos on LinkedIn and X.

Forward-Looking Statements

This press release contains forward-looking statements, as defined in Section 21E of the Securities Exchange Act of 1934, regarding Pelthos' current expectations. All statements, other than statements of historical fact, could be deemed to be forward-looking statements. In some instances, words such as "plans," "believes," "expects," "anticipates," and "will," and similar expressions, are intended to identify forward-looking statements. Readers are cautioned not to place undue reliance on these forward-looking statements, which reflect our good faith beliefs (or those of the indicated third parties) and speak only as of the date hereof. These forward-looking statements include, without limitation, references to our expectations regarding (i) our belief that investors should feel encouraged that Pelthos has a strong development path towards successfully launching drugs with considerable market opportunities, (ii) the timing of clinical and regulatory events of us and our partners, (iii) the timing of the initiation or completion of preclinical studies and clinical trials by us and our partners; (iv) the timing of product launches, including ZELSUVMI; (v) guidance regarding projected financial results for 2025 and beyond, (vi) the anticipated benefits of the Merger between LNHC and Channel and (vii) the combined company's opportunities, strategy and plans following the Merger. These statements are not guarantees of future performance and are subject to certain risks, uncertainties and assumptions that are difficult to predict. Factors that could cause actual results to differ materially from those set forth in such forward-looking statements include, but are not limited to, risks and uncertainties related to there being no guarantee that the trading price of the combined company's Common Stock will be indicative of the combined company's value or that the combined company's Common Stock will become an attractive investment in the future; we may rely on collaborative partners for milestone payments, royalties, materials revenue, contract payments and other revenue projections and may not receive expected revenue; we and our partners may not be able to timely or successfully advance any product(s) in our internal or partnered pipeline or receive regulatory approval and there may not be a market for the product(s) even if successfully developed and approved; and changes in general economic conditions, including as a result of war, conflict, epidemic diseases, the implementation of tariffs, and ongoing or future litigation could expose us to significant liabilities and have a material adverse effect on us. These and other risks and uncertainties are described more fully in our filings with the U.S. Securities and Exchange Commission. The information in this press release is provided only as of the date of this press release, and we undertake no obligation to update any forward-looking statements contained in this press release based on new information, future events, or otherwise, except as required by law.

Contacts

Pelthos Investor Inquiries:
Mike Moyer
Managing Director, LifeSci Advisors, LLC
mmoyer@lifesciadvisors.com

An official website of the United States government Here's how you know

FDA

Home ▶ Drug Databases ▶ NDC ▶ Search Result

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Current through April 24, 2025

You have searched Finished drug products

Search Results: *'83787'*

Back to Search Page

Showing 1 to 1 of 1 entries Show entries

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product NDC	Non Proprie Name
ZELSUVMI	83787-103-31	N/A	KIT	N/A	NDA217424	LNHC, Inc.	83787-103	berdazimer

Previous 1 Next

Description of Operations

LNHC, Inc. is a Virtual Manufacturer. LNHC's products are manufactured by a Contract Manufacturer and will be distributed to customers by their Third-Party Logistics Provider, Cardinal Health dba Specialty Pharmaceutical Services, who is licensed to ship pharmaceutical products into your state. Sales records are stored at Third-Party Logistics Provider, Cardinal Health dba Specialty Pharmaceutical Services.

Contract Manufacturer Information:
We are using the following contract manufacturers to produce our product:
Orion Corporation, Orion Pharma
Tengstrominkatu 8
Turku, FI-20360
Finland
FDA Establishment Number: 3003743938
Contact Person: Tero Narvanen
Contact Number: [redacted]

Orion Corporation, Orion Pharma
Joensuunkatu 7
Salo, FI-24100
Finland
FDA Establishment Number: 3010642517
Contact Person: Tero Narvanen
Contact Number: [redacted]

The Orion Corporation, Orion Pharm manufactures LNHC's product and packages the finished product. At no time does Orion Corporation, Orion Pharm own the product, contract with LNHC's customers, invoice, nor sell an LNHC product. LNHC's products are not Controlled Substances.

Labeler Code: 83787

Third Party Logistic information:
For distribution into the commercial supply channels, Cardinal Health dba Specialty Pharmaceutical Services acts as LNHC's Third Party Logistics (3PL) provider to manage the storage and distribution of LNHC's product to wholesalers throughout the United States.
Cardinal SPS's address is:
Cardinal Health dba Specialty Pharmaceutical Services
15 Ingram Blvd
LaVerge, TN 37086

LNHC has 25 employees working on site during normal business hours.
LNHC's hours of operation are 8:30 am – 5:30pm Monday through Friday.

Company Information

LNHC, Inc.
4020 Stirrup Creek Drive, Suite 110
Durham, NC 27703
919-908-2400
Tax ID: 93-3359646

Ownership Information

LNHC is 100% owned by Pelthos Therapeutics, Inc., a Publicly Traded company on the NASDAQ stock exchange under the symbol [PTHS].

Parent Company Address: 4020 Stirrup Creek Drive, Suite 110, Durham NC 27703
Parent Company Phone: 919-908-2400
Parent Company FEIN:

Officers

Scott M. Plesha, Chief Executive Officer
4020 Stirrup Creek Drive, Suite 110, Durham, NC 27703
Business Phone: 929-908-2400
Email: splesha@pelthos.com
[redacted]
Ownership %: 0

Francis Knuettel II, Chief Financial Officer
4020 Stirrup Creek Drive, Suite 110, Durham, NC 27703
Business Phone: 929-908-2400
Email: frank@channeltxco.com
[redacted]
Ownership %: less than 1%

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LNHC, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MARCH, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LNHC, INC." WAS INCORPORATED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

7664025 8300

SR# 20251317275

Authentication: 203314792

Date: 03-31-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

2025

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
1905

NOT TRANSFERABLE
STATUTE GS 81.106.119

LICENSE/CERTIFICATE: Virtual Manufacturer
TYPE
Expiration Date 12/31/2025

LICENSEE OR CERTIFICATOR
LNHC INC
4020 STIRRUP CREEK DR STE 110
DURHAM NC 27703

LICENSED 2025 NORTH CAROLINA

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

STEVE TROXLER, COMMISSIONER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/24/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh & McLennan Agency LLC
Marsh & McLennan Ins. Agency LLC
PO Box 85638
San Diego CA 92186

License#: 0H18131

CONTACT NAME: Ra Ouk
PHONE (A/C, No, Ext): 858-875-3023 FAX (A/C, No): 858-452-7530
E-MAIL ADDRESS: Ra.Ouk@MarshMMA.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Continental Casualty Company	20443
INSURER B : The Continental Insurance Company	35289
INSURER C : Columbia Casualty Company	31127
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Pelthos Therapeutics, Inc.
4020 Stirrup Creek Dr Ste 110
Durham NC 27703-8970

PELTHTHERA

COVERAGES **CERTIFICATE NUMBER:** 188396806 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			8033078008	7/1/2025	7/1/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ Excluded
	OTHER:							$
B	AUTOMOBILE LIABILITY			8033078011	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR			8033077991	7/1/2025	7/1/2026	EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 10,000,000
	DED X RETENTION $ 0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			8033078025	7/1/2025	7/1/2026	X PER STATUTE OTH-ER	
B	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		8033078039	7/1/2025	7/1/2026	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Products Liability Professional Liability			ADT8033077988	7/1/2025	7/1/2026	Each Claim/Aggregate Each Claim/Aggregate	$10,000,000 $5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER

Evidence of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Y

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler LNHC, Inc.
Pharmacy/Wholesaler License # (if applicable)
Physical Address 4020 Stirrup Creek Drive, Suite 110
City Durham State NC Zip 27703
Mailing Address (if different from physical address) 4020 Stirrup Creek Drive, Suite 110
City Durham State NC Zip 27703
Telephone 919-908-2400 Website https://pelthos.com/
Licensing Company Email regulatory@pelthos.com

Section 2: Personal Information

First Melvin Middle Gray Last Whitehead
Alias(es, nicknames, name changes, etc.)
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X
Mailing Address [redacted]
City [redacted] State [redacted] Zip 27703
Telephone [redacted] Email mwhitehead@pelthos.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	NA	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
North Carolina State University		08/95 - 12/98	
Address	**City**	**State**	**Zip**
Campus Box 7103	Raleigh	NC	27695
Diploma/Degree obtained, if any			
BS			

School Name		From - To (MM/YY – MM/YY)	
Northern Nash High School		09/86 - 06/89	
Address	**City**	**State**	**Zip**
4230 Green Hills Rd	Rocky Mount	North	27804
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/09 - 07/25	[redacted]	[redacted]	[redacted]	27615
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
LNHC			9/2023 - present
Business Address	**City**	**State**	**Zip**
4020 Stirrup Creek Drive, Suite 110	Durham	North	27703
Phone	**Title**	**Number of Employed Hours**	
919-237-9212	Senior Vice President of Manufacturing Operations	2080	

Description of Duties
Responsible for internal and external manufacturing, engineering, procurement, supply chain and validation functions. Duties included management of budgets, building and maintaining external partnerships, cGMP facility operation, commercial supply chain and capital asset management.

Business Name			From - To (MM/YY – MM/YY)
Novan Therapeutics			1/2022 - 9/2023
Business Address	**City**	**State**	**Zip**
4020 Stirrup Creek Dr, Suite 110	Durham	NC	27703
Phone	**Title**	**Number of Employed Hours**	
(919) 485-8080	SENIOR VICE PRESIDENT, OPERATIONS	2080	

Description of Duties
Responsible for internal and external manufacturing, engineering, procurement, supply chain and validation functions. Duties included management of budgets, building external partnerships, deployment of Novan's technology platforms, cGMP facility process design, operational management, commercial supply chain and capital asset management.

Business Name			From - To (MM/YY – MM/YY)
Catalent Pharma Solutions			5/2018 - 1/2022
Business Address	**City**	**State**	**Zip**
120 Pharma Drive	Morrisville	NC	27560
Phone	**Title**	**Number of Employed Hours**	
(919) 481-4855	SITE HEAD AND GENERAL MANAGER	6240	

Description of Duties
Responsible for the strategic direction and full P&L management of analytical, process development and manufacturing operations of Catalent's RTP facility. Catalent's RTP facility performed full analytical development, release and stability

Business Name			From - To (MM/YY – MM/YY)
Asklepios Biopharmaceuticals			10/2017 -
Business Address	**City**	**State**	**Zip**
20 TW Alexander Dr, Suite 110	Research Triangle Park	NC	27709
Phone	**Title**	**Number of Employed Hours**	
(919) 561-6210	CHIEF OPERATING OFFICER	2080	

Description of Duties
Responsible for operations and strategic direction of the gene therapy innovator company. Duties included management of budgets, intellectual property, external manufacturing, cGMP facility and Adeno-associated virus

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

MELVIN G. WHITEHEAD

[redacted]

An effective leader with over 25 years of industry experience in operational and executive leadership positions working with products across multiple modalities and dosage forms including small molecule, recombinant proteins, monoclonal antibodies, RNA, gene, and cell therapy, inhaled and nasal medical devices, and topicals. Track record of leading transformational change, developing leadership teams, managing capital, driving operational performance, and empowering professionals.

SKILLS

- Biotechnology & Pharmaceutical Operations
- Gene & Cell Therapy Operations
- Multi-Site Operations
- P&L Management
- Operational Excellence/Lean Six Sigma
- Team & Talent Development
- Strategic & Capital Planning
- Technology Introduction and Transfer
- cGMP Quality & Production Systems
- Process Design & Validation
- FDA Interactions
- Master Planning and Construction Management

EXPERIENCE

2023 - PRESENT

SENIOR VICE PRESIDENT, OPERATIONS,

LNHC/PELTHOS THERAPEUTICS

Responsible for internal and external manufacturing, engineering, procurement, supply chain and validation functions. Duties included management of budgets, building and maintaining external partnerships, cGMP facility operation, commercial supply chain and capital asset management.

Key Achievements:

- Obtained the FDA approval for ZELSUVMI™, a first in class treatment for Molluscum Contagiosum using Nitric Oxide Macromolecule technology.
- Developed and managed the launch plan for ZELSUVMI™
- Established the supply chain for ZELSUVMI™ that included strategic partnerships and building internal manufacturing capacities.
- Led the deployment of a new ERP system.

2022 - 2023

SENIOR VICE PRESIDENT, OPERATIONS, NOVAN THERAPEUTICS

Responsible for internal and external manufacturing, engineering, procurement, supply chain and validation functions. Duties included management of budgets, building external partnerships, deployment of Novan's technology platforms, cGMP facility process design, operational management, commercial supply chain and capital asset management.

Key Achievements:

- Led the building, commissioning, and qualification of Novan's new Nitric Oxide API facility.
- Responsible for the manufacturing, packaging and validation of Novan's lead clinical product, SB206, a topical gel for Molluscum Contagiosum.
- Partnered with technical leadership to develop the CMC sections of the New Drug Application for SB206.
- Successfully partnered with leadership to manage Novan's first FDA Pre-Approval and Bioresearch Monitoring inspections.
- Championed the investment and deployment of a new ERP system, SAP.
- Key member of the due diligence team in Novan's capital raise and partnering efforts.

2018 – 2022

SITE HEAD AND GENERAL MANAGER, CATALENT PHARMA SOLUTIONS

Responsible for the strategic direction and full P&L management of analytical, process development and manufacturing operations of Catalent's RTP facility. Catalent's RTP facility performed full analytical development, release and stability capabilities for Oral & Solid Dosage, Biologics and Inhalation dosage forms, Combination Device manufacturing for Metered Dose Inhalers, Dry Powder Inhalers and Nasal Unit & Bi Dose devices.

Duties included chair the site leadership team, management of Catalent's center of excellence for analytical and inhalation technologies, deploy capital, drive key performance indicators, and improve business targets such as customer satisfaction, on time delivery, right first time, revenue, EBITDA and working capital.

Key Achievements:

- Responsible for 600+ employees
- Managed the business to the highest revenues ($150M) and profitability ($50M) in the 25-year history of the site.
- Rebuilt the site's organizational structure, pricing models, cost structures, financial forecast, and S&OP processes.
- Improved customer satisfaction metrics by 50% and clinical supply manufacturing output by 100%.
- Launched two commercial inhalation products with different technologies, Meter Dose Inhalers and Unit Dose Nasal delivery devices.
- Led capital investment ($50M) into the site to expand analytical and manufacturing capabilities.
- Managed multiple regulatory inspections with 0 observations.
- Member of Catalent's global Biologics Leadership Team.
- Member of Catalent's global Inhalation Leadership Team.

2017 – 2018

CHIEF OPERATING OFFICER, ASKLEPIOS BIOPHARMACETICALS

Responsible for operations and strategic direction of the gene therapy innovator company. Duties included management of budgets, intellectual property, external manufacturing, cGMP facility and Adeno-associated virus (AAV) process design, clinical program management, talent acquisition, investor collaborations and asset management.

Key Achievements:

- Led the procurement of a 35,000 ft^2 US based gene therapy (AAV) process development and laboratory asset.
- Provided oversight for the design, construction, and validation of a European based cGMP gene therapy (AAV) manufacturing facility.

- Provided oversight of clinical development team for 2 Investigational New Drug applications (IND). Authored Chemistry and Manufacturing Control (CMC) sections of the INDs.
- Managed the IP portfolio representing over 200, patents and technologies licenses, for AskBio's technology platform.
- Negotiated and secured local and state governmental incentives for a future NC based manufacturing facility that would provide more than 300 positions.
- Key member of the due diligence team in AskBio's capital raise and partnering efforts.

2003 – 2017

VICE PRESIDENT OPERATIONS, FUJIFILM DIOSYNTH BIOTECHNOLOGIES (DIOSYNTH WAS OWNED BY ORGANON, SCHERING-PLOUGH AND MERCK)

Responsible for operations of the biotechnology contract development and manufacturing company. Duties included oversight of commercial and clinical manufacturing and technical operations, engineering, supply chain and operational excellence.

Key Achievements:

- Responsible for 300+ employees.
- Member of Fujifilm's Global Manufacturing Excellence Council
- Member of Merck's Biologics Leadership Team.
- Member of RTP's Site Leader Team.
- Led operations integrations with acquisitions by Schering-Plough, Merck and Fujifilm.
- Implemented measures to achieve a 30% improvement in manufacturing success rate.
- Spearheaded a 50% improvement in on-time starts and a 25% increase in capacity.
- Led the implementation of single use technologies into manufacturing.
- Commercialized 7 products in 3 years and introduced 30 new products in 4 years.
- Managed multiple FDA inspections with 0 observations.
- Led the "Leave No Doubt" transformative cultural initiative.
- Championed and deployed a new Enterprise Resource Planning system (SAP) and Manufacturing Execution System (Werum).
- Developed business case and design for $40M expansion of manufacturing operations.
- Managed the design, construction, and qualification of a new $25M, 60,000 ft^2 process and analytical laboratory facility.
- Developed and mentored >20 people into leadership positions.
- Responsible for the deployment of best practices and network integration at Fujifilm's 3 key manufacturing sites in Texas, United Kingdom, and North Carolina.
- Developed operational, validation, quality, and technical standards.

Expression systems and technologies:

- Escherichia coli
- Saccharomyces cerevisiae
- Baculovirus (SF9 and SF21)
- Adeno Associated Virus (AAV)
- Centrifugation & Filtration
- Single Use Systems
- Pichia pastoris
- Chinese Hamster Ovary (CHO)
- Human Embryonic Kidney (HEK)
- Transgenic expression
- Chromatography

Additional roles held at Fujifilm Diosynth Biotechnologies:

- Senior Director of Manufacturing (2013-2015)
- Director of Manufacturing and Technical Operations (2012-2013)
- Director of Technical Operations (2009-2011)
- Associate Director, Technical Services (2007-2009)
- Associate Director, Validation (2005-2007)

- Manager, Quality Assurance (2003-2005)
- Senior Technical Specialist, Quality Assurance (2003)

2001 – 2003

VALIDATION ENGINEER, VALSOURCE

Provided validation and project management services to customers in the pharmaceutical industry. Activities included master plan development, protocol and standard operating procedure development and execution for equipment, process, cleaning and computer validation projects.

Key Achievements:

- Achieved Hugh Coble award for Project Management Excellence.

Key Customers:

- Biogen, RTP, NC
- Bayer Biologics, Clayton NC
- Covance Biotechnologies, RTP, NC
- Schering-Plough. Kenilworth, NJ

2000 – 2001

VALIDATION ENGINEER, RAYTHEON

Provided engineering services to customers including system design, specification development, commissioning test plan execution and standard operating procedure development.

Key Customers:

- Bayer Biologics, Clayton NC
- Covance Biotechnologies, RTP, NC

1998– 2000

OPERATIONS CHEMIST, BAYER PHARMACEUTICALS

Operated solvent recovery equipment and performed in-process chemical analysis for the cGMP large scale (100,000 gallon) ethyl alcohol and acetone solvent distillation, bulk chemical, and wastewater facilities.

1990 – 1998

ENGINEER/FIELD TECHNICIAN, LEWIS ELECTRICAL AND REFRIGERATION SYSTEMS

Designed and installed heating, venting, air conditioning (HVAC), electrical, refrigeration, plumbing and structural systems for industrial, commercial, and residential applications.

Key Projects:

- Construction of a 70-unit housing subdivision
- Design and installation of an environmental dewatering system
- Consolidation and relocation of an automotive plastics extruding operation.

EDUCATION

GRADUATE STUDIES, ENGINEERING, NORTH CAROLINA STATE UNIVERSITY

BS CHEMISTRY, NORTH CAROLINA STATE UNIVERSITY

ASSOCIATE IN ARTS AND SCIENCES, NASH COMMUNITY COLLEGE

PROFESSIONAL LICENSING

- Electrical Contracting License L# 18553 (1993)
- Plumbing Contracting License L# 20789 (1997)

PROFESSIONAL ASSOCIATIONS

- American Management Association (AMA)
- International Society of Pharmaceutical Engineering (ISPE)
- Parental Drug Association (PDA)
- American Society of Quality (ASQ)
- BioPhorum Operations Group (BPOG)

TRAINING

Management

- Fujifilm Regional Executive Development
- Schering-Plough Management Excellence Program
- Lean Six Sigma Executive Belt
- Results Based Interaction
- Fundamentals of Finance and Accounting for Nonfinancial Managers
- Communispond® Executive Presentation Skills
- Legal Aspects of Contracting
- Myers Briggs Type Indicator
- DiSC Profile Assessment
- Matrix Management
- Mindful Based Relationship Development

Technical

- Lean Six Sigma Green Belt
- Kepnor Tregoe Problem Analysis
- Kepnor Tregoe Program Management
- Schering Plough Supply Improvement Process

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	x	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		x
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # DUI . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
05/02/2016	4/1/2017	NC	Morrisville	Wake
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
16CR208906-910		Wake County District Court		
Reason/Charge				
Misdemeanor				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Melvin Whitehead				
Name of Business/Industry/Entity				

Provide explanation below:

See attached

Original Signature (electronic, copies or stamps not accepted)

24 Jul 2025
Date

LNHC

Arrest Incident description:

8 years ago on May 2, 2016 in North Carolina, I, Melvin G. Whitehead. was charged with a Level V DWI. (Driving While Intoxicated), in Morrisville, NC located in Wake County. Level V is the lowest level of a DWI offense in North Carolina. My blood alcohol level was 0.10% and the legal limit was 0.08%.

I plead guilty on April 18, 2017, to the misdemeanor charge in Wake County District Court overseen by Judge Louis Meyer, Case number 16CR208906-910.

It was my first and only charge of this nature. I did not serve any jail time. I paid all fines, attended all required educational training, counseling sessions and performed all required community service. My full license was reinstated in full on April 18,2018.

Name: Melvin Whitehead

Title: SVP, Manufacturing Operations

Date 24 OCT 2024

NORTH CAROLINA DIVISION OF MOTOR VEHICLES

DRIVING RECORD

REPORT TYPE: NON-CERTIFIED REPORT **PAGE NO:** 1
NAME: WHITEHEAD MELVIN GRAY **DATE:** 10-24-2024
ADDRESS: [redacted]
CITY: [redacted] **STATE:** [redacted] **ZIP:** 276151163 **TOTAL POINTS:** 0
DOB: [redacted] **HEIGHT:** [redacted] **FT.** [redacted] **IN.** **SEX:** M **EYES:** [redacted] **HAIR:** [redacted] **RACE:** [redacted]
PRIMARY LICENSE NO: [redacted]
SECONDARY LICENSE NO: **NON-RESIDENT MILITARY:** N **REAL ID:** Y
ORG. ISS.DT: [redacted] **OS DL NO:** **OS STATE:**

***** DRIVER LICENSE STATUS:** CLS C ACTIVE ***

CLASS	GRP	LIC TYP	ISSUE DT	EXPIR DT	CDL	DISQ	PROB	LMT PRIV	COND RESTR	STATUS
C		R	[redacted]		N	N	N	N	N	ACTIVE

ENDORSEMENTS:
RESTRICTIONS: 19 BAC .04 RESTRICTION
CRD TRNS: 0025298305

OCCUR/ BEGIN DATE	CONV/ END DATE	NATURE OF RECORD OR DIVISION ACTION	POINTS
04-18-2018	05-26-2019	DUP ISS: CLS C EN: RSTR:19 BAC .04 RESTRICTION	
04-18-2018		REST: BAC .04 EXP DT: 04-16-21 LICENSE RESTRICTION ISSUED	
04-18-2018		REST: BAC .04 EXP DT: 04-16-21 LICENSE RESTRICTION ISSUED	
04-18-2017	04-18-2018	SUSP: 1 OFFENSE OF DRIVING WHILE IMPAIRED STATUTE: 20-17(2) & 20-19(c1) LIM PRIV BEG DT:04-18-2017 LIM PRIV END DT:04-18-2018	
05-03-2016	04-18-2017	CONV: (625)DRIVING WHILE IMPAIRED LIM PRIV COURT: WAKE COUNTY COURT, NC COURT: AOC #: 2016CR 208906 CITATION ID: C3407057	
05-03-2016	06-03-2016	SUSP: 30 DAY CIVIL REVOCATION(SUSPENSION) STATUTE: 20-16.5 LIM PRIV BEG DT:05-13-2016 LIM PRIV END DT:06-02-2016	
05-03-2016	05-03-2016	CONV: (028)30 DAY CIVIL LIM PRIV COURT: WAKE COUNTY COURT, NC COURT: AOC #: 2016CR 208906 CITATION ID: C3407057	
11-23-2014	02-12-2015	CONV: (202)IMPROPER EQUIPMENT - SPEEDOMETER COURT: YADKIN COUNTY COURT, NC COURT: AOC #: 2014CR 703004 CITATION ID: 01568F39	
01-07-2013	05-26-2019	DUP ISS: CLS C EN: RSTR:0 NONE	
07-14-2011	05-26-2019	REN ISS: CLS C EN:	

I, Melvin Whitehead **, certify that as the designated representative for**

LNHC, Inc.

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MW I am at least 21 years of age;
3. MW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Melvin Whitehead

Print Name (First, Last)

MW

Original Signature (electronic, copies or stamps not accepted)

24 Jul 2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Melvin Whitehead

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

24 JUL 2025

Date

Please have this section completed in the presence of a Notary Public.

State of NC, ss. County of Durham

I, Linnell V. Compton Melvin Whitehead, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

24 JUL 2025

Date

Subscribed and Sworn to before me this 24 day of July 2025

Linnell V. Compton

Notary Public Signature

LINNELL V COMPTON
NOTARY PUBLIC
WAKE COUNTY, NC

(Seal)

Commission Expires 10/2026

Confidential, LNHC, Inc.

Last Name	First Name
Aldridge	Martha
Andriolo	McKenna
Bennett	Eric
Blackshaw	Tyler
Bolyea	Natalie
Bourque	Amy
Briggs	Melanie
Butler	Kevin
Carey	Matthew
Centeno	Evelyn
Chandler	Simon
Chasteen	Carol
Cherry	Jeremy
Collins	Kelly-Ann
Crouss	Sheila
DeRobertis	Edward
Englund	Jennifer
Flattmann Jr	David
Fortner	India
Gallagher	Jill
Gao	Jacqueline
Garcia Peralta	Alex
Gay	John
Geer	Carri
Gildea	Michelle
Gunn	Todd
Hall	Chancie
Halsey	Catherine
Henry	Dominique
Jain	Shashank
Jones	Steven
Jordan	Tatum
Kats	Mayya
Kemerait	Brian
King	Richard
Knuettel II	Francis
Laack	Jeffrey
Langish	Michael
Lee	Carly
Lewis	Daniel
Little	Megan
Mack	Kimberly
Maiberger	Ashley
Mandrekar	Shweta
McClanahan	Derek

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McGrael	Joy
Mckee	William
Mehmetaj	Katherine
Meinig	Beth
Merriman	Vanessa
Mitchell Howle	Jacquline
Moore	Molly
Moran	Sarah
Moses	Nicole
Nutting	Sara
Outeiral	Jadira
Padovani	Mark
Parlin	Sasha
Patry	Samuel
Paulson	Suzanne
Payne	Tamika
Pittman	Stanquonzie
Plesha	Scott
Porada	Faith
Porter	James
Potter	Audriana
Priest	Victor
Pun	Amphone
Ranberger	Brandon
Rangarao	Srisai
Raap	Jonathon
Riccio	Daniel
Rodriguez	Janessa
Roshanravan	Tala
Rysavy	Matthew
Saldajeno	Mark Vernon Keith
Sharp	Louis
Stannard	Aaron
Stein	Joshua
Stevens	Amy
Sturgill	Hillary
Suriano	Andrea
Taylor	Victoria
Teltoe	Trent
Thomas	Amanda
Thompson	Nicole
Thomsen	Tillie
Tierney	David
Vayser	Irina
Whitehead	Melvin
Wilhite	Wesley
Williams	Benjamin
Williams	Timothy

Winders	Danielle
Winquist	Erik

4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ■ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01876	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: PharmaLink, LLC

Physical Address: 8285 Bryan Dairy Road Ste. 160

City: Largo State: Florida Zip: 33777

Mailing Address (if different from physical address): 8285 Bryan Dairy Road Ste. 200

City: Largo State: Florda Zip: 33777

Telephone: 800-257-3527 Website: www.pharmalinkinc.com

Name of Designated Representative (DR): Thierry Beckers

Licensing Company Email: licensing@pharmalinkinc.com DR Email: tbeckers@pharmalinkinc.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	■ Reverse Distributor
■ Wholesalers	■ Others: OTCs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Not applicable-We are a Reverse Distributor and do not have "suppliers".

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): PharmaLink Buyer, LLC

Corporation/Organization Name: PharmaLink, LLC

Mailing Address: 8285 Bryan Dairy Road Ste. 160

City: Largo State: Florida Zip: 33777

Telephone: 800-257-3527 Email: licensing@pharmalinkinc.com

Contact Person Name: Timothy Brightbill

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

PharmaLink, LLC

Facility Name

Timothy Brightbill

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

06/06/2025

Date

Board Use Only	Date Received: 7/23/25	Amount: $1000 CK 39742

NABP ACCREDITED

DRUG DISTRIBUTOR

PharmaLink

located at

8285 Bryan Dairy Rd, #160, Largo , FL 33777

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

9/27/2023 - 9/26/2026
Period of Accreditation

0423

PharmaLink
REVERSE DISTRIBUTION SERVICES

Corporate Officers of PharmaLink LLC.

President & Chief Executive Officer *(CEO)*

Thierry Beckers
[redacted]
1-800-257-3527 ext 253

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMALINK, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JULY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHARMALINK, LLC" WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

10256268 8300

SR# 20253336612

Authentication: 204173289

Date: 07-11-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

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Florida dbpr Department of Business & Professional Regulation

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Unlicensed Activity Search
AB&T Delinquent Invoice & Activity List Search

LICENSEE DETAILS

8:31:20 AM 7/15/2025

Licensee Information

Name:	**PHARMALINK, LLC** (Primary Name)
Main Address:	**8285 BRYAN DAIRY ROAD #160 LARGO Florida 33777**
County:	**PINELLAS**
License Location:	**8285 BRYAN DAIRY ROAD #160 LARGO FL 33777**
County:	**PINELLAS**

License Information

License Type:	**Restricted Rx Drug Distributor-Reverse Distributor**
Rank:	**Temp Permit**
License Number:	**TEMP51**
Status:	**Current,Temporary**
Licensure Date:	**07/14/2025**
Expires:	**10/12/2025**

Alternate Names

View Related License Information
View License Complaint

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: Customer Contact Center :: Customer Contact Center: 850.487.1395

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View Application Status
Find Exam Information
Unlicensed Activity Search
AB&T Delinquent Invoice & Activity List Search

LICENSEE DETAILS

8:31:46 AM 7/15/2025

Licensee Information

Name:	**PHARMALINK, LLC** (Primary Name)
Main Address:	**8285 BRYAN DAIRY ROAD 160 LARGO Florida 33777**
County:	**PINELLAS**
License Location:	**8285 BRYAN DAIRY ROAD 160 LARGO FL 33777**
County:	**PINELLAS**

License Information

License Type:	**Restricted Rx Drug Distributor-Reverse Distributor**
Rank:	
License Number:	
Status:	**Application In Process**
Licensure Date:	
Expires:	

Alternate Names

View Related License Information
View License Complaint

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0260581	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	REVERSE DISTRIB	02-03-2025

PHARMALINK
8285 BRYAN DAIRY RD # 160
LARGO, FL 337771350

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0260581	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	REVERSE DISTRIB	02-03-2025

PHARMALINK
8285 BRYAN DAIRY RD # 160
LARGO, FL 337771350

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 5341556

Application/License No. _____

PharmaLink, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 8285 Bryan Dairy Rd Ste 200, Largo, FL 33777-1367 (Address of Applicant/Principal), as PRINCIPAL, and SureTec Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 2103 CityWest Blvd., Ste. 1300, Houston, TX 77042-2832 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on July 25, 2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 25th day of July, 2025.

APPLICANT/PRINCIPAL

PharmaLink, LLC

Authorized Representative

SURETY COMPANY

SureTec Insurance Company

Surety Company's Representative

Davor Mimica, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Non-Resident Agent

Posted February 20, 2020

POA #: 5341556

SureTec Insurance Company
LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Davor Mimica

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

PharmaLink, LLC (Principal)
Nevada State Board of Pharmacy (Obligee)
$25,000.00 (Penalty Amount)

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-In-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *(Adopted at a meeting held on 20th of April, 1999.)*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 3rd day of February, A.D. 2023.

SURETEC INSURANCE COMPANY

By: _____
Michael C. Keimig, President

State of Texas ss:
County of Harris

On this 3rd day of February, A.D. 2023 before me personally came Michael C. Keimig, to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

TANYA SNEED
Notary Public State of Texas
Commission # 128671231
Commission Expires 03/30/2027

_____
Tanya Sneed, Notary Public
My commission expires March 30, 2027

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 25th day of July, 2025, A.D.

_____
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power, contact bondverification@markel.com

POASIC01 v1

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler PharmaLink, LLC

Pharmacy/Wholesaler License # (if applicable) WH01876

Physical Address 8285 Bryan Dairy Road Ste. 160

City Largo State Florida Zip 33777

Mailing Address (if different from physical address) 8285 Bryan Dairy Road Ste. 200

City Largo State Florida Zip 33777

Telephone 800-257-3527 Website www.pharmalinkinc.com

Licensing Company Email licensing@pharmalinkinc.com

Section 2: Personal Information

First Thierry Middle Christian Last Beckers

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 8285 Bryan Dairy Road Ste. 200

City Largo State FL Zip 33777

Telephone 800-257-3527 #253 Email tbeckers@pharmalinkinc.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Lesley University		09/97 - 12/02	
Address	City	State	Zip
29 Everett St.	Cambridge	MA	02138
Diploma/Degree obtained, if any			
Masters of Science in Management			

School Name		From - To (MM/YY – MM/YY)	
Bentley University		09/88 - 06/92	
Address	City	State	Zip
175 Forest St.	Waltham	MA	02452
Diploma/Degree obtained, if any			
Bachelors of Science in Management			

School Name		From - To (MM/YY – MM/YY)	
Tasis England		08/86 - 06/88	
Address	City	State	Zip
Ten Acre Ln.	Thorpe	UK	
Diploma/Degree obtained, if any			
American High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/19 - Present	[redacted]	[redacted]	[redacted]	33767
05/02 - 01/19				34683
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
PharmaLink, Inc.			05/02 - Present	
Business Address		**City**	**State**	**Zip**
8285 Brian Dairy Rd. # 200		Largo	FL	33777
Phone	**Title**		**Number of Employed Hours**	
800-257-3527	President & CEO		47,840+	
Description of Duties				
Overall management of the business.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

06/05/25
Date

I, Thierry Beckers, **certify that as the designated representative for**

PharmaLink, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. TB I am at least 21 years of age;
3. TB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Thierry Beckers

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/05/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thierry Beckers

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

June 5, 2025

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Pinellas

I, D. Simone Vinson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06/06/2025

Date

Subscribed and Sworn to before me this 6th day of June.

Notary Public Signature

DIAMOND SIMONE VINSON
MY COMMISSION # HH 639870
EXPIRES: April 25, 2029

(Seal)

Last Name	First Name	Department Description	Position Description
Handler	Aaron	OPS - Adminstration	Operations Manager, 2nd Shift
Bodamer	Ray	OPS - Adminstration	VP of Operations
Olivar	Raiza	Ops - Controls	Processor, CII - 1st Shift
Caramazana	Cesar	Ops - Controls	Processor, CII - 2nd shift
Garcia Bombino	Adialys	Ops - Controls	Processor, CII - 1st Shift
Aleman	Elianys	Ops - Controls	Processor, CII - 2nd shift
Fernandez	Carlos Javier	Ops - Controls	Processor, CII - 1st Shift
Young	Tahron	Ops - Controls	Admin, Controls
Valdes	Maydel	Ops - Controls	Processor, CII - 2nd shift
Cifuentes	Leonardo	Ops - Controls	Material Handler, Controls - 1st Shift
Wood	Melissa	Ops - Controls	Processing Supervisor, CII - 1st Shift
Smith	Lynn	Ops - Controls	Admin, Controls
Rorke IV	Joseph	Ops - Controls	Admin, Controls
Ruiz	Yaima	Ops - Controls	Processor, CII - 1st Shift
Yhanes	Xiomara	Ops - Controls	Processor, CII - 1st Shift
Garcia	Diana	Ops - Controls	Processor II, CII - 1st Shift
Marquez	Yordanka	Ops - Controls	Processor, CII - 1st Shift
Torres	Idaly	Ops - Controls	Admin, Controls
Medina	Yamilet	Ops - Controls	Processor II, CII - 2nd Shift
Elias	Yahaira	Ops - Controls	Lead, Controls - 1st Shift
Millet	Rafael	Ops - Controls	Processor, CII - 2nd shift
Olivares	Dionne	Ops - Controls	Processor, CII - 1st Shift
Jamal	Hanifa	Ops - Controls	Processor, CII - 1st Shift
Stringer	Todd	Ops - EHS & Waste	Supervisor, EHS & Waste
Flood	David	Ops - EHS & Waste	Material Handler, Waste - 1st Shift
Mahoney	John	Ops - EHS & Waste	Sr Environmental Waste Specialist
Parisan	Dominic	Ops - EHS & Waste	Material Handler, Waste - 1st Shift
Alvarez Aviles	Solimar	Ops - Proc/Sort/Authorizations	Packer II- 1st Shift
Velasquez	Gustavo	Ops - Proc/Sort/Authorizations	Production Material Handler, Retail & Manufacturer - 1st Shift
Lizardi	Jill	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Cruz Boneu	Ian	Ops - Proc/Sort/Authorizations	Production Material Handler, Retail & Manufacturer - 1st Shift
Sanderson	Terri	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
Quevedo	Adii	Ops - Proc/Sort/Authorizations	Processor II - 2nd Shift
Navarro Lopez	Madeline	Ops - Proc/Sort/Authorizations	Processing Lead, Retail - 2nd Shift
Torres Perez	Yariel	Ops - Proc/Sort/Authorizations	Processor II, Wholesale - 2nd Shift
Suarez Garcia	Sandra	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Gomez	Aymara	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Alcantara	Zulema	Ops - Proc/Sort/Authorizations	Packer 1st Shift
Machuca	Juan	Ops - Proc/Sort/Authorizations	Packer II- 1st Shift
Alfonso	Madibey	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
Soria	Isaac	Ops - Proc/Sort/Authorizations	Processor II - 1st Shift
Coleman	Antoinette	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Eisenhardt	David	Ops - Proc/Sort/Authorizations	Processor, Retail-2nd Shift
Betancourt	Adrian	Ops - Proc/Sort/Authorizations	Putwall Packer II - 2nd Shift
Hartson	Rob	Ops - Proc/Sort/Authorizations	Processing Lead, Manufacturer - 2nd Shift
Romay Herrera	Sorania	Ops - Proc/Sort/Authorizations	Processor, Wholesale-2nd Shift
Cardwell	Emily	Ops - Proc/Sort/Authorizations	Processor, Retail-2nd Shift
Pons Gomez	Yaima	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Laricza	Reyes	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Bizri	Olga	Ops - Proc/Sort/Authorizations	Processor II - 1st Shift
Planos Sanchez	Melody	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Torres	Luz	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift

Careaga Serrano	Yarelis	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Hennard	Kevin	Ops - Proc/Sort/Authorizations	Production Supervisor, Manufacturing - 1st Shift
Pinzon	Gloria	Ops - Proc/Sort/Authorizations	Processor II, CTAG - 1st Shift
Mederos	Carell	Ops - Proc/Sort/Authorizations	Production Material Handler, Retail & Manufacturer - 1st Shift
Tang	Mai	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Rincon Zambrano	Yolimar	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Chalar Obando	Antonia	Ops - Proc/Sort/Authorizations	Putwall Packer - 2nd Shift
Garcia	Danielena	Ops - Proc/Sort/Authorizations	Processor, Retail-2nd Shift
Pupo	Elizabeth	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Gonzalez	Dinaida	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Omeara	Lucy	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Pero	Tommy	Ops - Proc/Sort/Authorizations	Processor, Retail-2nd Shift
Rodriguez	Belen	Ops - Proc/Sort/Authorizations	Processor, Wholesale-2nd Shift
Rondon	Maikel	Ops - Proc/Sort/Authorizations	Packer 2nd Shift
Loustaunau Duran	Lenis	Ops - Proc/Sort/Authorizations	Packer 2nd Shift
Nguyen	Dat	Ops - Proc/Sort/Authorizations	Processor, Wholesale-2nd Shift
Cajete	Ernesto	Ops - Proc/Sort/Authorizations	Production Material Handler, Retail & Manufacturer - 2nd Shift
Ruiz	Guillermo	Ops - Proc/Sort/Authorizations	Processor, Wholesale-2nd Shift
Lopez	Humberto	Ops - Proc/Sort/Authorizations	Production Material Handler, Retail & Manufacturer - 2nd Shift
Mavarez	Elizabeth	Ops - Proc/Sort/Authorizations	Processor, Wholesale-2nd Shift
Guzman Benitez	Rosangela	Ops - Proc/Sort/Authorizations	Processor, CII - 2nd shift
SOMAIYA	RAMESH	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
Mitchell	Jim	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
Quiles	Jeancarlo	Ops - Proc/Sort/Authorizations	Production Material Handler, Retail & Manufacturer - 1st Shift
Maria	Aguilera Miralles	Ops - Proc/Sort/Authorizations	Packer 2nd Shift
Flores Bolivar	Jose	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Applegate	Kelly	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Chong	Nancy	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
Jimenez	Faustino	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
Henkel	Kimberly	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
Navarro Bencomo	Suilen	Ops - Proc/Sort/Authorizations	Packer 2nd Shift
Diaz	Mailin	Ops - Proc/Sort/Authorizations	Packer 1st Shift
Martino	Mattias	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Abrante	Yetsy	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Landin Leyva	Ricardo	Ops - Proc/Sort/Authorizations	Packer 2nd Shift
Hernandez Alvarez	Susel	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Velazquez Garcia	Yoania	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
piedrahita	Jazmin	Ops - Proc/Sort/Authorizations	Processor, CTAG - 1st Shift
Cao	Oslaidy	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Lucido	Zach	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
Ramirez Cabrera	Anais	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Gomez	Stephany	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Velasquez	Natalia	Ops - Proc/Sort/Authorizations	Processor, CTAG - 1st Shift
Munoz	Ely	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Dube Borges	Dayrelys	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Martino	Antonio	Ops - Proc/Sort/Authorizations	Production Material Handler, Retail & Manufacturer - 2nd Shift
VIDAL	ERNESTO	Ops - Proc/Sort/Authorizations	Putwall Packer - 2nd Shift
Prado	Vitelma	Ops - Proc/Sort/Authorizations	Processor, Retail-2nd Shift
Garcia Pozo	Lazara	Ops - Proc/Sort/Authorizations	Processor, Retail-2nd Shift
Perez Mayea	Dayanis	Ops - Proc/Sort/Authorizations	Packer 2nd Shift
Diaz Melendez	Carlos	Ops - Proc/Sort/Authorizations	Processor II - 1st Shift
Miranda	Yuleysy	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd

Agramonte	Regla	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
Galindo	Khiabet	Ops - Proc/Sort/Authorizations	Packer 2nd Shift
Diez-Arguelles	JULIO	Ops - Proc/Sort/Authorizations	Production Supervisor, Retail - 2nd Shift
Castro Varela	dara	Ops - Proc/Sort/Authorizations	Processor, CTAG - 1st Shift
Moran	Kerly	Ops - Proc/Sort/Authorizations	Processor, CTAG - 1st Shift
Cruz	Dayana	Ops - Proc/Sort/Authorizations	Production Material Handler, Putwall - 2nd Shift
Herrera	Nicole	Ops - Proc/Sort/Authorizations	Packer, CTAG - 1st Shift
Linkogle	John	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Mudd	Torey	Ops - Proc/Sort/Authorizations	Production Material Handler, Retail & Manufacturer - 1st Shift
Soris Perez	Arlen	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Stickrath	Josh	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
SUHAGIYA	DRASHTIBEN	Ops - Proc/Sort/Authorizations	Packer 1st Shift
Safonts	Danilo	Ops - Proc/Sort/Authorizations	Production Material Handler, Retail & Manufacturer - 1st Shift
Delgado	Aliuska	Ops - Proc/Sort/Authorizations	Putwall Packer - 2nd Shift
Rodriguez	Ricardo	Ops - Proc/Sort/Authorizations	Production Material Handler, Putwall - 2nd Shift
Abreu Reina	Danay	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Manzano	Alieh	Ops - Proc/Sort/Authorizations	Processor, Wholesale-2nd Shift
Caro carrera	Carolina	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Castro	Yosbel	Ops - Proc/Sort/Authorizations	Production Material Handler, Retail & Manufacturer - 2nd Shift
Joseph	ferlin	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Rodriguez Enriquez	Katherine	Ops - Proc/Sort/Authorizations	Processor, Retail-2nd Shift
De La Paz Rivera	Claudia	Ops - Proc/Sort/Authorizations	Packer 2nd Shift
Ferrer Fernandez	Tatiana	Ops - Proc/Sort/Authorizations	Packer 2nd Shift
Larson	Greg	Ops - Proc/Sort/Authorizations	Production Manager - 1st Shift
morejon	jessica	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Quezada	Merary	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Hernandez Rodriguez	Yamile	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Mederos	Carlos	Ops - Proc/Sort/Authorizations	Production Material Handler, Retail & Manufacturer - 1st Shift
Aldana Martinez	Mario	Ops - Proc/Sort/Authorizations	Production Material Handler, CTAG - 1st Shift
Gomez montenegro	Elisa	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Gonzalez	Rhonda	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Sanchez	Daris	Ops - Proc/Sort/Authorizations	Processor, CTAG - 1st Shift
Haag	Matthew	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Jones	Harrison	Ops - Proc/Sort/Authorizations	Processor II, Wholesale - 2nd Shift
Agicic	Asmira	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
Newman Walker	Sheena	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
Rodriguez	Francis	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
Zavala	Zahira	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
Fuentes	Jose	Ops - Proc/Sort/Authorizations	Production Material Handler, Putwall - 2nd Shift
Larralde	Luisa	Ops - Proc/Sort/Authorizations	Processor II - 1st Shift
MORENO	JHON	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Thalia	Reyes Perez	Ops - Proc/Sort/Authorizations	Processor, Retail-2nd Shift
Lopez	Yanisleidy	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Sanchez Torres	Jahaira	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Ospina Merchan	Laura	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Perez	Jessica	Ops - Proc/Sort/Authorizations	Packer 1st Shift
Alcantara Rodriguez	Katherin	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Correa Duran	Yamile	Ops - Proc/Sort/Authorizations	Putwall Packer - 2nd Shift
Rivera Torres	Suyin	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift

Yervic	Colmenares	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
Moreira Rodriguez	Neymi	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Martinez Rodriguez	Nayla	Ops - Proc/Sort/Authorizations	Packer 1st Shift
Bermudez	Shirley	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Leal Barrios	Yelenis	Ops - Proc/Sort/Authorizations	Processor, Retail-2nd Shift
Valdes Borroto	Nancy	Ops - Proc/Sort/Authorizations	Putwall Packer - 2nd Shift
Valdes	Mayelin	Ops - Proc/Sort/Authorizations	Processor, Retail-2nd Shift
Marksity	Johnny	Ops - Proc/Sort/Authorizations	Facility Maintenance
Jeffers	Gailene	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Dorman-Howell	Trenton	Ops - Proc/Sort/Authorizations	Production Material Handler, Retail & Manufacturer - 1st Shift
Reiff	Victor	Ops - Proc/Sort/Authorizations	Processing Admin, Retail
Gomez	Jenniffer	Ops - Proc/Sort/Authorizations	Processor II - 1st Shift
Beardsley	John	Ops - Proc/Sort/Authorizations	Facility Maintenance II
Brady	William	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Conde Martinez	Neyda	Ops - Proc/Sort/Authorizations	Processor, CTAG - 1st Shift
Selmon	Harold	Ops - Proc/Sort/Authorizations	Processing Lead, Retail - 1st Shift
Lugo	Barbara	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Lugo	Nuria	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Fernandez	Yudmila	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Herrera	Yuneisy	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
Cuello	Diomara	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
Almora	Marisleydi	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
Ruh	Yennifer	Ops - Proc/Sort/Authorizations	Processing Lead, Manufacturer - 1st Shift
Rodriguez	Lyneisa	Ops - Proc/Sort/Authorizations	Processor, CTAG - 1st Shift
Boneu	Mora	Ops - Proc/Sort/Authorizations	Processing Lead, CTAG - 1st Shift
Dominguez	Graciela	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Rubio Lopez	Hilda	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 2nd
Valdes	Eugenia	Ops - Proc/Sort/Authorizations	Packer 1st Shift
Falcon	Mildre	Ops - Proc/Sort/Authorizations	Packer 1st Shift
Hernandez Solorzano	Annelise	Ops - Proc/Sort/Authorizations	Packer II- 2nd Shift
Nava	Christian	Ops - Proc/Sort/Authorizations	Processor, CII - 2nd shift
Boneu	Genesis	Ops - Proc/Sort/Authorizations	Processor II - 1st Shift
Wesner	Lyndsay	Ops - Proc/Sort/Authorizations	Processor II - 2nd Shift
Rodriguez	Irisela	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Ruh	Maria	Ops - Proc/Sort/Authorizations	Processor II - 1st Shift
Mendoza	Alejandra	Ops - Proc/Sort/Authorizations	Processor II - 1st Shift
Pinto	Anggy	Ops - Proc/Sort/Authorizations	Processor II - 1st Shift
Fleitas Gonzalez	Mailivys	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Socorro	Yasiel	Ops - Proc/Sort/Authorizations	Packer II- 1st Shift
Chivarasa	Gajan	Ops - Proc/Sort/Authorizations	Processing Lead, Wholesale - 2nd Shift
Catamo	Yamila	Ops - Proc/Sort/Authorizations	Processor, Manufacturer- 1st Shift
Prado Gonzalez	Katia	Ops - Proc/Sort/Authorizations	Processor, Retail-1st Shift
Martinez	Liz	Ops - Proc/Sort/Authorizations	Packer 1st Shift
Reyes Aviles	Gabriel	Ops - Warehouse	Material Handler, Receiving - 2nd Shift
Becerra	Indira	Ops - Warehouse	Processor, Wholesale-1st Shift
Williams	Damian	Ops - Warehouse	Material Handler II, FD - 1st Shift
Lugo	David	Ops - Warehouse	Material Handler, Receiving - 2nd Shift
Heflin	Lily	Ops - Warehouse	Material Handler II, Shipping - 1st Shift
Pero	Pelayo	Ops - Warehouse	Putwall Packer - 1st Shift
Urquiaga	Rogelio	Ops - Warehouse	Putwall Packer - 1st Shift
Higgins	Chris	Ops - Warehouse	Material Handler II, Receiving - 1st Shift

Allen	Omar	Ops - Warehouse	Material Handler, FD - 1st Shift
Frometa	Wil	Ops - Warehouse	Material Handler, Shipping - 1st Shift
Smith	James	Ops - Warehouse	Material Handler, Receiving - 1st Shift
Viloria	Vanessa	Ops - Warehouse	Putwall Packer - 1st Shift
Avila Bracho	Melina	Ops - Warehouse	Putwall Packer - 1st Shift
Arias	Pedro	Ops - Warehouse	Material Handler, Receiving - 1st Shift
Lopez Garcia	Elizabeth	Ops - Warehouse	Material Handler, FD - 1st Shift
Patel	Sandip	Ops - Warehouse	Material Handler, FD - 1st Shift
Socarras Marante	Omar	Ops - Warehouse	Production Material Handler, Putwall - 1st Shift
Ponce Corteguera	Mario	Ops - Warehouse	Material Handler, Shipping - 1st Shift
Walton	David	Ops - Warehouse	Material Handler, Shipping - 1st Shift
Hill	Willie	Ops - Warehouse	Material Handler, Shipping - 1st Shift
Quintero	Rafael	Ops - Warehouse	Putwall Packer - 1st Shift
Caldwell	Jovan	Ops - Warehouse	Material Handler, Receiving - 1st Shift
Stewart	Erin	Ops - Warehouse	Putwall Packer - 1st Shift
Guerra	Barbara	Ops - Warehouse	Putwall Packer - 1st Shift
Sengaroun	Tip	Ops - Warehouse	Production Material Handler, Putwall - 1st Shift
Asberry	Marquis	Ops - Warehouse	Material Handler, Shipping - 1st Shift
Delgado	Johanny	Ops - Warehouse	Material Handler, FD - 1st Shift
Perez	Juan Jose	Ops - Warehouse	Material Handler, Receiving - 1st Shift
Rodriguez	Adalberto	Ops - Warehouse	Putwall Packer - 2nd Shift
Lasseter	Tereon	Ops - Warehouse	Production Material Handler, Putwall - 1st Shift
Gonzales	Steve	Ops - Warehouse	Putwall Packer - 1st Shift
Estrella	Johan	Ops - Warehouse	Putwall Packer - 1st Shift
Gonzalez	Paola	Ops - Warehouse	Processor, Wholesale-1st Shift
Lopez	Madelene	Ops - Warehouse	Putwall Packer - 1st Shift
Safonts	Ronal	Ops - Warehouse	Putwall Packer - 1st Shift
tiberio	Yurelvis	Ops - Warehouse	Putwall Packer - 1st Shift
STABILITO	LENA	Ops - Warehouse	Putwall Packer - 1st Shift
Mitchell	Charmaine	Ops - Warehouse	Putwall Packer - 1st Shift
Sanchez	Nancy	Ops - Warehouse	Processor II, Wholesale - 1st Shift
Huaman	Robert	Ops - Warehouse	Warehouse Lead- 2nd Shift
Wall	Lacey	Ops - Warehouse	Production Supervisor - 1st Shift, Wholesale
Caro	Hector	Ops - Warehouse	Future Date Lead
Fleischauer	Emily	Ops - Warehouse	Lead, Shipping - 1st Shift
Clagette	Judith	Ops - Warehouse	Processing Lead, Wholesale - 1st Shift
Melendrez	Annette	Ops - Warehouse	Putwall Packer II - 1st Shift
Atherton	Thomas	Ops - Warehouse	Material Handler, Shipping - 1st Shift
Foley	Darren	Ops - Warehouse	Pre-Processor
Laffler	Brett	Ops - Warehouse	Warehouse Manager
Bombino	Raquel	Ops - Warehouse	Processor, Wholesale-1st Shift
Reina	Guelmis	Ops - Warehouse	Processor, Wholesale-1st Shift
Gago Molina	Maribel	Ops - Warehouse	Processor, Wholesale-1st Shift

Espino Vazquez	Benjamin	Ops - Warehouse	Lead, Receiving - 1st Shift
Urbina Caya	Ketnia	Ops - Warehouse	Processor II, Wholesale - 1st Shift
Daniel	Jarrod	Ops - Warehouse	Processor, Wholesale-1st Shift
Gay	Joaquin	Ops - Warehouse	Material Handler, Receiving - 2nd Shift
Rodriguez	Wildalys	Ops - Warehouse	Processor, Wholesale-1st Shift
Guiraidos	Carolina	Ops - Warehouse	Putwall Packer II - 1st Shift
Gonzalez	Geydys	Ops - Warehouse	Putwall Packer II - 1st Shift
POUND	ANNABEL	Quality	QC Inspector I
Santiago	Blenda	Quality	Sr. Quality Assurance Specialist
Porter	Brian	Quality	QC Inspector I
Augusto	Laurie	Quality	QC Inspector I
Perez	Joshua	Quality	QC Inspector I
Johnson	Jennifer	Quality	Quality Assurance Specialist
Cox	Matthew	Quality	Quality Control Lead
Slater	Cynthia	Quality	Quality Assurance Specialist
White-Callaghy	Crystal	Quality	QC Inspector I
Brightbill	Tim	Quality	Quality Assurance Specialist
Bear	Kira	Quality	QC Inspector I
Reisinger	Steve	Quality	QC Inspector I
Faulconer	Robert	Quality	Director of Quality & Regulatory Affairs
Snoddy	Trevor	Quality	QC Inspector I
Villalobos	Adriana	Quality	QC Inspector I

4N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☒ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Aurolife Pharma LLC

Physical Address: 2929 Weck Drive, Unit II

City: Durham State: NC Zip: 27709

Mailing Address (if different from physical address): c/o State License Servicing, 225 Dolson Ave, 4th Floor

City: Middletown State: NY Zip: 10940

Telephone: (845) 544-2482 Website: www.aurobindousa.com

Name of Designated Representative (DR): Rohit C Ghan

Licensing Company Email: AUL@SLSNY.com DR Email: rghan@aurobindousa.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: Human OTC Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Manufacturers & Distribution sites within organization		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	X	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/1/2019	2/1/2019	KS	Topeka	Shawnee County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
19-019	Kansas State Board of Pharmacy

Reason/Charge
Permit Denied

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Aurolife Pharma LLC

Provide explanation below:

Kansas State Board of Pharmacy denied the Wholesale Distributor Permit for Aurolife Pharma LLC for their facility located at 2400 Route 130 North, Dayton, NJ 08810 due to missing information on the application.

Srinivasa R Paruchuri

Original Signature (electronic, copies or stamps not accepted)

07/16/2025

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
03/20/2009		CO	Denver	Denver

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2009-2995	Colorado Board of Pharmacy

Reason/Charge
Unprofessional Conduct - Grounds for Discipline

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Aurobindo Pharma USA, Inc.

Srinivasa R Paruchuri

Original Signature (electronic, copies or stamps not accepted)

07/16/2025

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/08/2018	06/08/2018	UT	Salt Lake City	Salt Lake County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	State of Utah Department of Commerce

Reason/Charge	Provide explanation below:
Permit Denied	Did not meet FP Requirements in time given.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Aurolife Pharma LLC

Did not meet FP Requirements in time given. Permit was denied. Please see attached documents.

Srinivasa R Paruchuri

Original Signature (electronic, copies or stamps not accepted)

07/16/2025

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/13/2011		ME	Augusta	Kennebec County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2011-PHA-7249	State of Maine Board of Pharmacy

Reason/Charge
Failed to notice Maine of a change of Location per ME requirements.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Aurobindo Pharma USA, Inc.

Aurobindo Pharma USA, Inc. failed to Notice ME of change of location in the 7 day ME requirement. Please see attached documents.

Srinivasa R Paruchuri

Original Signature (electronic, copies or stamps not accepted)

07/16/2025

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
03/18/2013	03/18/2013	MI	Lansing	Ingham County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
53-13-130649	State of Michigan Board of Pharmacy

Reason/Charge
Administrative Complaint

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Aurobindo Pharma USA, Inc.

Provide explanation below:

Aurobindo Pharma USA, Inc. received disciplinary action in response to distributing prescription drugs into Colorado without having first registered as an out-of-state wholesaler in the State of Colorado. Aurobindo Pharma USA, Inc. paid a fine of $2,000.
Please see attached documents.

Srinivasa R Paruchuri
Original Signature (electronic, copies or stamps not accepted)

07/16/2025
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
3/22/2022	3/22/2022	AK	Anchorage	N/A

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2021-001210	Alaska Division of Corporations, Business, and Professional Licensing

Reason/Charge
Non-Disciplinary Letter of Advisement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Aurobindo Pharma USA, Inc.

Provide explanation below:

Alaska Division of Corporations, Business, and Professional Licensing completed an investigation of Aurobindo Pharma USA, Inc. due to not notifying the board of a change of DR within 30 days. Aurobindo Pharma USA, Inc. was issued a non-disciplinary letter of advisement.
Please see attached documents.

Srinivasa R Paruchuri
Original Signature (electronic, copies or stamps not accepted)

07/16/2025
Date

KS Denial

800 SW Jackson St., Suite 1414
Topeka, KS 66612

Kansas
Board of Pharmacy

Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@ks.gov
www.pharmacy.ks.gov

Alexandra Blasi, Executive Secretary

Laura Kelly, Governor

February 1, 2019

Aurolife Pharma LLC
2400 Route 130 North
Dayton, NJ 08810

RE: Case No. 19-019

To Whom It May Concern:

Enclosed you will find a Summary Order issued by the Kansas Board of Pharmacy (Board) in the above-referenced matter. Please read the order in its entirety.

If you disagree with the Board's decision, you have the right to petition for reconsideration. Instructions for filing a written request are included under the "Notices" section of the order.

According to KSA 65-1627h, the Board is required to recoup the costs of administrative hearings when the decision is adverse to the licensee. These costs may include charges for services rendered by the Board's disciplinary counsel, an administrative law judge, and, if applicable, a court reporter.

If you have any questions, feel free to contact the Board at Pharmacy.Compliance@ks.gov.

Sincerely,

Kansas Board of Pharmacy

Enclosure

Filed By
FEB 01 2019
KANSAS STATE
BOARD OF PHARMACY

BEFORE THE KANSAS STATE BOARD OF PHARMACY

In the Matter of)
)
Aurolife Pharma LLC)
Registration No. 5-105556)
)

Case No. 19-019

SUMMARY ORDER OF DENIAL

NOW on February 1, 2019, comes before the Kansas State Board of Pharmacy through its Executive Secretary (hereinafter referred to as the "Board") the matter of Aurolife Pharma LLC (hereinafter referred to as "Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board enters this Summary Order of Denial in the above-captioned matter. After reviewing the renewal materials and being otherwise duly advised in the premises, the Board makes the following findings, conclusions, and order:

FINDINGS OF FACT

1. On or about April 3, 2018, the Board received Respondent's Wholesale Distributor Registration Application.

2. On April 10, 2018, the Board sent Respondent an email requesting certain information that was missing from Respondent's application.

3. On May 1, 2018, the Board sent Respondent a second email requesting the information that was missing from Respondent's application.

4. On July 7, 2018, the Board sent Respondent a final email requesting the information that was missing from Respondent's application.

5. On August 15, 2018, the Board sent Respondent a letter requesting the information

that was missing from Respondent's application.

6. On September 19, 2018, the Board sent a final letter requesting the information that was missing from Respondent's application.

7. To date, the Board has not received the requested documentation from Respondent.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1645(a) application for registration or permits under K.S.A. 65-1643, and amendments thereto, shall be made on a form prescribed and furnished by the Board. Applications for registration shall contain such information as may be required by the Board in accordance with the provisions of K.S.A. 65-1655, and amendments thereto, and K.S.A. 2017 Supp. 65-1655a and 65-1655b, and amendments thereto.

2. Pursuant to K.S.A. 65-1643(c), it shall be unlawful for any person to distribute at wholesale any drugs without first obtaining a registration as a wholesale distributor from the Board.

3. Pursuant to K.S.A. 65-1655(a), the Board shall require an applicant for registration as a wholesale distributor or an applicant for renewal of such a registration to provide the following information: (1) the name, full business address and telephone number of the applicant; (2) all trade or business names used by the applicant; (3) addresses, telephone numbers, and the names of contact persons for all facilities used by the applicant for the storage, handling and distribution of prescription drugs; (4) the type of ownership or operation of the applicant; (5) the name of the owner or operator, or both; and (6) such other information as the Board deems appropriate.

4. Respondent's failure to provide the Board with the required application information is a basis to deny Respondent's application pursuant to K.S.A. 65-1645(a).

5. Pursuant to K.S.A. 65-1655(c), the Board may deny an initial application for

registration or application for renewal of a registration of a wholesale distributor if the Board determines that the granting of such registration would not be in the public interest.

6. Respondent's failure to provide the Board with the required application information is a violation of K.S.A. 65-1655(a), and is a basis to deny Respondent's registration pursuant to K.S.A. 65-1655(c).

ORDER

Based upon the foregoing findings of fact and conclusions of law, Respondent's Wholesale Distributor Registration Application is hereby DENIED.

NOTICES

Respondent is hereby notified as follows:

1. Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231, within 15 days after service of this Order. If the outcome of the hearing is adverse to Respondent, costs of the proceedings shall be charged to Respondent.

2. If a hearing is not requested as described above, the Summary Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within 15 days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to K.S.A. 77-613. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

2/1/19
Date

Alexandra Blasi, JD, MBA
Executive Secretary
Kansas Board of Pharmacy

CERTIFICATE OF
SERVICE

I hereby certify that I did, on February 1, 2019, deposit in the United States Mail, postage prepaid, a copy of the foregoing Summary Order of Denial, properly addressed to the following:

AUROLIFE PHARMA LLC
2400 ROUTE 130 NORTH
DAYTON, NJ 08810

Kansas Board of Pharmacy Staff

UT Denial

GARY R. HERBERT
Governor
SPENCER J. COX
Lieutenant Governor

State of Utah
Department of Commerce

Division of Occupational and Professional Licensing

FRANCINE A. GIANI
Executive Director
MARK B. STEINAGEL
Division Director

June 8, 2018

AUROLIFE PHARMA LLC
2400 RTE 130 N
DAYTON NJ 08810

SUBJECT: CONDITIONAL DENIAL OF LICENSURE

Dear Applicant:

Notice of Incomplete Application and Suspension of Licensure:
Your application for licensure as a Pharmacy - Class C is incomplete and **is denied unless you respond** and correct the deficiencies in your application **no later than 7/8/2018, your response deadline.** This is the only notice you will receive.

Your application is incomplete because of the following deficiencies:

1. **Fingerprint Cards Rejected**. The fingerprint cards for the individual below were rejected for the following reasons:

Sanjay Singh:

- Fingerprints rolled out of order.

The individual above must submit two new fingerprint cards or come into the Division's offices (160 E 300 S, Main Lobby, Salt Lake City) to complete electronic fingerprinting using the Division's Identix equipment.

Submitting fingerprint cards in a form acceptable to the Division is a license requirement under Utah Code 58-17b-307 (1) and Utah Code 58-17b-306 (1)(c). The requirement is further defined in Utah Admin. Code R156-17b-307. Utah Code 58-1-301 (3) authorizes the Division to deny your application if you fail to satisfy this license requirement.

- An email to Jennifer Schnieder requesting fingerprints was sent 5/14/2018. No response or fingerprints were received.

Response Procedure:
Please respond by the deadline given above by submitting the item(s) listed above with a copy of this letter to:

Jennifer Zaelit
Division of Occupational and Professional Licensing
160 East 300 South, Box 146741
Salt Lake City, Utah 84114-6741

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

GARY R. HERBERT
Governor
SPENCER J. COX
Lieutenant Governor

FRANCINE A. GIANI
Executive Director
MARK B. STEINAGEL
Division Director

Failure to Timely Respond:
If you fail to respond by the deadline given above and later wish to obtain a license, you will be required to submit a new application and comply with the licensing requirements then in effect.

Presumption a Response is Complete:
Unless you specify otherwise, the Division will treat any response received from you by the deadline given above as a complete and final response, and may take final action immediately.

Questions or Request for Extension to Respond:
If you have any questions, or wish to request an extension of the deadline to respond given above, please call the person who signed this letter before your deadline to respond.

Due Process after Deadline to Respond:
You may request agency review of the denial of your incomplete application for licensure, but: **(1) no earlier than the deadline given above to correct your incomplete application,** and **(2) no later than 30 days after the deadline to correct your incomplete application**. If you choose to file a request for agency review, you must adhere to the attached procedures.

Certificate of Mailing:
I certify that I properly served this document on the date of the letter by mailing it by first class mail with postage prepaid to the addressee shown above.

Sincerely,

Jennifer Zaelit

BUREAU MANAGER
801-530-6628

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

FRANCINE A. GIANI
Executive Director

MARK B. STEINAGLE
Division Director

INFORMATION ABOUT
AGENCY REVIEW

Department of Commerce
160 East 300 South, Box 146701
Salt Lake City, UT 84114-6701

If you have been denied a license, received disciplinary action on your license, lost a citation hearing, or have otherwise been adversely impacted by a decision from one of the Divisions at the Department of Commerce, please be aware that you may request agency review of that decision by the Department's Executive Director. Upon review, the Executive Director could uphold, reverse, or modify the Division's decision, or might return the case to the Division for further consideration.

If you choose to file a request for agency review, please keep in mind all of the following:

- **Written Request and Due date:** Your request for agency review ("Request") must be received **no later than 30 days** from the date of the Division order that you wish reviewed. The Request must be in writing and must be addressed to the **Executive Director, Utah Department of Commerce**, at the above address;
- **Copy of Order:** You must include with your Request a copy of the letter or order you wish reviewed;
- **Transcript of Hearing:** If a hearing was held in your case, and you are challenging the order on the grounds that the evidence presented at the hearing did not support the order, you must, at your expense, order a transcript of the hearing and file it with the Department. You must also file with the Department your certification verifying that you have ordered a transcript of the proceeding and stating the date by which you expect to file the transcript with this Department. (You may use the form titled "Certification Regarding Transcript," accessed at: http://www.commerce.utah.gov/agencyrev.html) For instructions on how to order a transcript, you may contact the hearing officer or administrative law judge who conducted the hearing. However if the hearing involved a DOPL Citation, contact Kim Lesh at (801) 530-6628; if the hearing was before the Division of Real Estate, contact Renda Christensen at (801) 530-6747;
- **Memorandum in Support of Your Request:** You may file a memorandum to support your Request. If you are required to file a transcript of the hearing with the Department, your memorandum must be filed no later than fifteen (15) days after the filing of the transcript. Otherwise, your memorandum must be filed at the time you file your Request;
- **Reply Memorandum:** If the Division files a response, you may file a final reply memorandum no later than ten (10) days after service of any response from the Division;
- **Basis for Request:** In order to succeed on agency review, you must be able to show that you were substantially prejudiced as a result of any of the grounds identified in Utah Code Ann. §63G-4-403; and
- **Copies to Division:** You must provide the Division copies of all documents that you file with the Department.

Please note that you should not rely on this letter alone for instructions regarding agency review proceedings. The Utah Administrative Procedures Act (UAPA), Utah Code Ann. Sections 63G-4-101 *et seq.*, and the Department's UAPA Rules, Utah Admin. Code R151-4-101 *et seq.*, generally govern requests for agency review. You may access these laws and rules at your local library or on the Department of Commerce web site: http://www.commerce.utah.gov/agencyrev.html.

If you have any questions about how to proceed, you are encouraged to seek legal advice from an attorney. You may contact Masuda Medcalf, Administrative Law Judge, at (801) 530-7663, with any technical or procedural questions, but the merits of the case cannot be discussed.

Revision Date: July 16, 2012

Owner - CO Resolved

BEFORE THE STATE BOARD OF PHARMACY
STATE OF COLORADO

Case No. 2009-2995

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF **AUROBINDO PHARMA USA, INC.,**

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Aurobindo Pharma USA, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2009-2995 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. On December 17, 2008, Wholesaler Applicant distributed prescription drugs into Colorado without having first registered as an out-of-state wholesaler in the State of Colorado.

4. On February 5, 2009, the Board issued Wholesaler Applicant a Cease and Desist Order for engaging in unregistered wholesale distribution of drugs into the State of Colorado.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

Colorado Revised Statutes

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in

accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this part 1, including but not limited to any acts in section 12-22-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

* * *

12-22-802. Wholesaler license requirements. (1) A wholesaler that resides in this state shall be licensed by the board. A wholesaler that does not reside in this state shall be licensed in this state prior to engaging in the wholesale distribution of prescription drugs in this state...

* * *

6. On March 6, 2009, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION
Conditional Registration;
$5,000.00 Fine Plus 15% Surcharge and Terms
Agreement to Comply with §§12-22-801, *et seq.* C.R.S.
Release from Cease and Desist Order

8. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

9. **Fine with Surcharge.** Wholesaler Applicant accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S., Wholesaler Applicant shall pay a fine of Five Thousand Dollars and No Cents ($5,000.00). Wholesaler Applicant understands and acknowledges, pursuant to §24-34-108, C.R.S., that the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Wholesaler Applicant shall therefore pay a total amount of **Five Thousand, Seven Hundred Fifty Dollars and No Cents ($5,750.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Wholesaler Applicant submits this signed Final Agency Order to the Board.

10. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

11. **Release from Cease & Desist Order.** Upon execution of this Final Agency Order, payment of the required fine as required above in paragraph 9, and issuance of Wholesaler Applicant's registration as an out-of-state wholesaler in the state of Colorado as set forth above in paragraph 8, the terms of the Cease and Desist Order entered on February 5, 2009 no longer apply and Wholesaler Applicant is hereby RELEASED from the Cease and Desist Order. The Cease and Desist Order shall remain a public record published in accordance with the Colorado Open Records Act and Board policy along with this Final Agency Order, as set forth below in paragraph 16.

12. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

13. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

14. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Scott J. White

SCOTT J. WHITE
CEO-US OPERATIONS

Dated: 03/13/09

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Scott J. White, in his/her capacity as an authorized agent of Aurobindo Pharma USA, Inc. before me in the County of Middlesex, State of New Jersey this 13th day of March, 2009.

Linda K. Dingle

Notary Public

My commission expires:
LINDA K. DINGLE
Notary Public, State of New Jersey
Commission Expires 6/17/2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 20th day of March, 2009.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

STATE OF MAINE
BOARD OF PHARMACY

In re:	)	CONSENT
Aurobindo Pharma USA, Inc.	)	AGREEMENT
Complaint No. 2011-PHA-7249	)	
	)	

PARTIES

This document is a Consent Agreement regarding the pending Wholesale Distributor license for Aurobindo Pharma USA, Inc. ("Aurobindo"), and related disciplinary issues. The parties to the Consent Agreement are: Aurobindo; the Maine Board of Pharmacy ("the Board"); and the State of Maine Office of Attorney General ("the Attorney General"). The Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A)(C).

STATEMENT OF FACTS

1. Aurobindo has been previously licensed by the Board as a wholesale distributor.
2. Aurobindo notified the Board of a change of location and submitted a new application, which was received on September 27, 2010.
3. Pursuant to Board Rule 02 392 chapter 12 § 5, when a wholesale distributor has a change of location, that wholesale distributor must file a new application for licensure not less than seven (7) days prior to that change.
4. The application Aurobindo submitted was incomplete, and therefore the license could not be granted.
5. Aurobindo's application was finally deemed complete on March 25, 2011.
6. From December 13, 2010 to March 8, 2011, Aurobindo engaged in the unlicensed shipping of prescription drugs and/or devices to the State of Maine.
7. In the application submitted on September 27, 2010, Aurobindo disclosed prior disciplinary action that had not previously been disclosed on any other application.

ME Rescind

8. Specifically, on a prior application for renewal for WH70001456, Aurobindo responded "no" to the question "since your last renewal, has any jurisdiction taken disciplinary action against any professional license you hold or have held or denied your application for licensure?"

9. On March 20, 2009, Aurobindo was disciplined by the Colorado Board of Pharmacy.

10. At its meeting on April 7, 2011, the Board voted to preliminarily deny Aurobindo's application for licensure on the basis of Aurobindo's failing to disclose discipline and continuing to ship prescription medications into the state without being duly licensed.

11. In lieu of the license denial, the Board also voted to offer Aurobindo this Consent Agreement. Absent requesting, in writing, a hearing regarding the appeal of the preliminary denial within thirty days of receipt of the Notice of Preliminary Denial, and absent acceptance of this Consent Agreement by signing and dating it and returning it to Kelly McLaughlin, Board Clerk, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333 by June 15, 2011, the preliminary denial of Aurobindo's application for licensure as a wholesale distributor will become final.

COVENANTS

12. Aurobindo admits to practicing as a wholesale distributor in Maine without being licensed by the Board for the period of December 13, 2010 to March 8, 2011, in violation of 32 M.R.S. § 13731(1), and that this violation is a ground for discipline and the denial of the application for wholesale distributor licensure pursuant to 10 M.R.S. § 8003(5-A)(A)(4).

13. Aurobindo admits to failure to disclose disciplinary action to the Board on its prior renewal application of WH70001456 which is grounds for discipline and denial of licensure pursuant to 10 M.R.S. § 8003(5-A)(A)(1).

14. As a condition of licensure and for conduct admitted to in paragraphs 12 and 13 above, AUROBINDO agrees to accept the following sanctions:

A. Pay a CIVIL PENALTY in the amount of twelve thousand one hundred dollars ($12,100.00), all but three thousand one hundred dollars ($3,100.00) suspended, subject to successful completion of the probationary period described in 14(B), below. This fine for the violation admitted to in paragraph 12, calculated as $1,000.00 per week. One hundred dollars ($100.00) is for the violation in paragraph 13. Said payment shall be made by check or money order payable to the "Treasurer, State of Maine" and delivered to Kelly McLaughlin, Senior Consumer Assistant, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333-0035, and is due immediately upon execution of this Consent Agreement.

B. Accept a term of probation of one year. During that time, Aurobindo shall maintain a valid license, commit no intentional violations of, and make a good faith effort to comply with the laws and rules applicable to Aurobindo as set forth by the Maine Board of Pharmacy.

15. The Attorney General and the Board agree that no further agency or legal action will be taken against Aurobindo's license based on the specific violations admitted to herein, except in the event that Aurobindo does not comply fully with the terms of the Consent Agreement. Any violation of the Consent Agreement will be a ground for discipline by the Board.

16. The Consent Agreement is not subject to appeal.

17. The Consent Agreement is not subject to amendment except by written agreement of all parties.

18. The Consent Agreement is a public document within the meaning of 1 M.R.S. § 402, et seq.

19. Aurobindo understands that the execution of the Consent Agreement is completely voluntary and that it has the right to consult with an attorney before signing the Consent Agreement.

20. Aurobindo acknowledges by signature hereto of an authorized representative that it has read this Consent Agreement, that is has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executed this Consent Agreement of its own free will, and that it agrees to abide by all terms and conditions set forth herein.

For Aurobindo Pharma USA, Inc.:

Dated: 06/10/11

Signature of Authorized Representative

Print Name and Title

AUROBINDO PHARMA USA, INC.
SCOTT J. WHITE
Chief Executive Officer

Dated: 7/13/11

DANA J. HUNTER, JR., R.Ph., VICE PRESIDENT
Board of Pharmacy

Dated: 7-13-11

CARRIE L. CARNEY
Assistant Attorney General

STATE OF MAINE
BOARD OF PHARMACY

In re: Aurobindo Pharma USA, Inc. Complaint No. 2011-PHA-7249	)))))	CONSENT AGREEMENT

PARTIES

This document is a Consent Agreement regarding the pending Wholesale Distributor license for Aurobindo Pharma USA, Inc. ("Aurobindo"), and related disciplinary issues. The parties to the Consent Agreement are: Aurobindo; the Maine Board of Pharmacy ("the Board"); and the State of Maine Office of Attorney General ("the Attorney General"). The Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A)(C).

STATEMENT OF FACTS

1. Aurobindo has been previously licensed by the Board as a wholesale distributor.
2. Aurobindo notified the Board of a change of location and submitted a new application, which was received on September 27, 2010.
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4. The application Aurobindo submitted was incomplete, and therefore the license could not be granted.
5. Aurobindo's application was finally deemed complete on March 25, 2011.
6. From December 13, 2010 to March 8, 2011, Aurobindo engaged in the unlicensed shipping of prescription drugs and/or devices to the State of Maine.
7. In the application submitted on September 27, 2010, Aurobindo disclosed prior disciplinary action that had not previously been disclosed on any other application.

RECEIVED
JAN 13 2014
DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
HEALTH PROFESSIONS DIVISION
ENFORCEMENT SECTION - ALLEGATION UNIT

8. Specifically, on a prior application for renewal for WH70001456, Aurobindo responded "no" to the question "since your last renewal, has any jurisdiction taken disciplinary action against any professional license you hold or have held or denied your application for licensure?"

9. On March 20, 2009, Aurobindo was disciplined by the Colorado Board of Pharmacy.

10. At its meeting on April 7, 2011, the Board voted to preliminarily deny Aurobindo's application for licensure on the basis of Aurobindo's failing to disclose discipline and continuing to ship prescription medications into the state without being duly licensed.

11. In lieu of the license denial, the Board also voted to offer Aurobindo this Consent Agreement. Absent requesting, in writing, a hearing regarding the appeal of the preliminary denial within thirty days of receipt of the Notice of Preliminary Denial, and absent acceptance of this Consent Agreement by signing and dating it and returning it to Kelly McLaughlin, Board Clerk, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333 by June 15, 2011, the preliminary denial of Aurobindo's application for licensure as a wholesale distributor will become final.

COVENANTS

12. Aurobindo admits to practicing as a wholesale distributor in Maine without being licensed by the Board for the period of December 13, 2010 to March 8, 2011, in violation of 32 M.R.S. § 13731(1), and that this violation is a ground for discipline and the denial of the application for wholesale distributor licensure pursuant to 10 M.R.S. § 8003(5-A)(A)(4).

13. Aurobindo admits to failure to disclose disciplinary action to the Board on its prior renewal application of WH70001456 which is grounds for discipline and denial of licensure pursuant to 10 M.R.S. § 8003(5-A)(A)(1).

14. As a condition of licensure and for conduct admitted to in paragraphs 12 and 13 above, AUROBINDO agrees to accept the following sanctions:

A. Pay a CIVIL PENALTY in the amount of twelve thousand one hundred dollars ($12,100.00), all but three thousand one hundred dollars ($3,100.00) suspended, subject to successful completion of the probationary period described in 14(B), below. This fine for the violation admitted to in paragraph 12, calculated as $1,000.00 per week. One hundred dollars ($100.00) is for the violation in paragraph 13. Said payment shall be made by check or money order payable to the "Treasurer, State of Maine" and delivered to Kelly McLaughlin, Senior Consumer Assistant, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333-0035, and is due immediately upon execution of this Consent Agreement.

B. Accept a term of probation of one year. During that time, Aurobindo shall maintain a valid license, commit no intentional violations of, and make a good faith effort to comply with the laws and rules applicable to Aurobindo as set forth by the Maine Board of Pharmacy.

15. The Attorney General and the Board agree that no further agency or legal action will be taken against Aurobindo's license based on the specific violations admitted to herein, except in the event that Aurobindo does not comply fully with the terms of the Consent Agreement. Any violation of the Consent Agreement will be a ground for discipline by the Board.

16. The Consent Agreement is not subject to appeal.

17. The Consent Agreement is not subject to amendment except by written agreement of all parties.

18. The Consent Agreement is a public document within the meaning of 1 M.R.S. § 402, et seq.

19. Aurobindo understands that the execution of the Consent Agreement is completely voluntary and that it has the right to consult with an attorney before signing the Consent Agreement.

EXHIBIT B page 3 of 4

20. Aurobindo acknowledges by signature hereto of an authorized representative that it has read this Consent Agreement, that is has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executed this Consent Agreement of its own free will, and that it agrees to abide by all terms and conditions set forth herein.

For Aurobindo Pharma USA, Inc.:

Dated: 06/10/11

AUROBINDO PHARMA USA, INC. SCOTT J. WHITE Chief Executive Officer

Signature of Authorized Representative

Print Name and Title

Dated: 7/13/11

DANA J. HUNTER, JR., R.Ph., VICE PRESIDENT
Board of Pharmacy

Dated: 7-13-11

CARRIE L. CARNEY
Assistant Attorney General

RECEIVED
JAN 13 2014
DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
HEALTH PROFESSIONS DIVISION
ENFORCEMENT SECTION - ALLEGATION UNIT

EXHIBIT B page 4 of 4

Owner - MI Resolved

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

AUROBINDO PHARMA USA INC.
License Numbers: 53-06-002706
53-15-038253

File Number: 53-13-130649

CONSENT ORDER

An Administrative Complaint, hereafter Complaint, was signed on March 18, 2013, charging Aurobindo Pharma USA Inc., hereafter Respondent Pharmacy, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

Respondent Pharmacy neither admits nor denies the facts alleged in the Complaint dated March 18, 2014, but agrees that the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, shall treat the allegations as true for purposes of this Consent Order, which finding shall have the same force and effect as if evidence and argument were presented in support of the allegations; and

The Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now, therefore,

IT IS FOUND that the facts alleged in the Complaint are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is REPRIMANDED.

IT IS FURTHER ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED in the amount of $2,000.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Enforcement Division, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number **53-13-130649**.

IT IS FURTHER ORDERED that in the event Respondent Pharmacy violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACS, R 338.1632.

CONTINUED ON NEXT PAGE

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: September 8, 2014

MICHIGAN BOARD OF PHARMACY

By Pamela L Lysett
Chairperson, Disciplinary Subcommittee

STIPULATION

1. Respondent Pharmacy neither admits nor denies the facts alleged in the Complaint dated March 18, 2014, but agrees that the Disciplinary Subcommittee shall treat the allegations as true for purposes of this Consent Order, which finding shall have the same force and effect as if evidence and arguments were presented in support thereof.

2. Respondent Pharmacy understands and intends that by signing this Stipulation Respondent Pharmacy is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department of Licensing and Regulatory Affairs, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waving the right to appear with an attorney and such witnesses as Respondent Pharmacy may desire to present a defense to the charges.

3. Factors taken into consideration in the formulation of the within Consent Order were as follows:

> In the written response to the Complaint, Respondent Pharmacy provided satisfactory evidence of compliance with all terms of the Stipulation and Final Agency Order issued by the Colorado State Board of Pharmacy on March 13, 2009 and the Consent Agreement issued by the Maine Board of Pharmacy on January 11, 2013.

4. Dhafer Almaklani, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

5. This Consent Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in this cause.

CONTINUED ON NEXT PAGE

6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Pharmacy and the Department expressly reserving the right to further proceedings should the Consent Order be rejected.

AGREED TO BY:

Carole H. Engle, Director
Bureau of Health Care Services
Department of Licensing and
Regulatory Affairs

Dated: 6-20-14

AGREED TO BY:

Jeffery J. Jackowski
Authorized Representative for
Aurobindo Pharma USA Inc.
Respondent Pharmacy

Dated: 06/09/2014

This is the final page of a Consent Order and Stipulation in the matter of Aurobindo Pharma USA Inc., File Number 53-13-130649, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included.

CBS

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

AUROBINDO PHARMA USA INC.
License Numbers: 53-06-002706
53-15-038253

File Number: 53-13-130649

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, hereafter Complainant, by Carole H. Engle, Director, Bureau of Health Care Services, files this Complaint against Aurobindo Pharma USA Inc., hereafter Respondent Wholesaler, as follows:

1. The Michigan Board of Pharmacy, hereafter Board, is an administrative agency established by the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq. Pursuant to section 16226 of the Public Health Code, supra, the Board's Disciplinary Subcommittee is empowered to discipline licensees for violations of the Public Health Code.

2. Respondent Wholesaler is currently licensed to practice as a manufacturer/wholesaler in the state of Michigan, has a current facility controlled substance license, and has an address of record with Complainant of Dayton, New Jersey.

3. Section 17768(2)(d) of the Public Health Code, supra, authorizes the Board's Disciplinary Subcommittee to impose sanctions if the wholesaler has had its license or federal registration, limited, suspended, or revoked, or been subject to any other criminal, civil, or administrative penalty.

4. On March 20, 2009, the Colorado State Board of Pharmacy, hereafter Colorado Board, executed a Stipulation and Final Agency Order that ordered Respondent Wholesaler to pay a $5,750.00 fine. This action was based on Respondent Wholesaler distributing "prescription drugs into Colorado without having first registered as an out-of-state wholesaler in the State of Colorado." A copy of the Colorado Board document, marked Exhibit A, is attached and incorporated.

5. On July 13, 2011, the Maine Board of Pharmacy, hereafter Maine Board, executed a Consent Agreement that placed Respondent Wholesaler on probation for one year and ordered Respondent Wholesaler to pay a $12,100.00 civil penalty. This action was based on Respondent Wholesaler engaging in the "unlicensed shipping of prescription drugs and/or devices" and an incorrect response on its application for licensure in the state of Maine. A copy of the Maine Board document, marked Exhibit B, is attached and incorporated.

COUNT I

The foregoing action in the state of Colorado, as set forth above, constitutes a violation of section 17768(2)(d) of the Public Health Code, supra.

COUNT II

The foregoing action in the state of Maine, as set forth above, constitutes a violation of section 17768(2)(d) of the Public Health Code, supra.

Complainant requests that the within Complaint be served upon Respondent Wholesaler and that Respondent Wholesaler be offered an opportunity to show compliance with all lawful requirements for retention of the license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq.

Pursuant to section 16231(7) of the Public Health Code, supra, Respondent Wholesaler has 30 days from the date of receipt of this Complaint to submit a written response to the allegations contained herein. The written response shall be submitted to Complainant, Carole H. Engle, Director, Bureau of Health Care Services, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI, 48909.

CONTINUED ON NEXT PAGE

Pursuant to section 16231(8) of the Public Health Code, supra, Respondent Wholesaler's failure to submit a written response within 30 days, as noted above, shall be treated as an admission of the allegations contained herein and shall result in transmittal of this Complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

DATED: 3-18-14

Carole H. Engle, Director
Bureau of Health Care Services

Attachments

This is the final page of an Administrative Complaint in the matter of Aurobindo Pharma USA Inc , File Number 53-13-130649, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of four pages, this page included.

CBS

BEFORE THE STATE BOARD OF PHARMACY
STATE OF COLORADO

Case No. 2009-2995

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO OF **AUROBINDO PHARMA USA, INC.,**

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Aurobindo Pharma USA, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2009-2995 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

3. On December 17, 2008, Wholesaler Applicant distributed prescription drugs into Colorado without having first registered as an out-of-state wholesaler in the State of Colorado.

4. On February 5, 2009, the Board issued Wholesaler Applicant a Cease and Desist Order for engaging in unregistered wholesale distribution of drugs into the State of Colorado.

5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

Colorado Revised Statutes

RECEIVED
DEC 12 2013

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in

accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this part 1, including but not limited to any acts in section 12-22-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

* * *

12-22-802. Wholesaler license requirements. (1) A wholesaler that resides in this state shall be licensed by the board. A wholesaler that does not reside in this state shall be licensed in this state prior to engaging in the wholesale distribution of prescription drugs in this state...

* * *

6. On March 6, 2009, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.

7. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION
Conditional Registration;
$5,000.00 Fine Plus 15% Surcharge and Terms
Agreement to Comply with §§12-22-801, *et seq.* C.R.S.
Release from Cease and Desist Order

8. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

DEC 12 2013
Department of
EXHIBIT A page 2 of 5

9. **Fine with Surcharge.** Wholesaler Applicant accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S., Wholesaler Applicant shall pay a fine of Five Thousand Dollars and No Cents ($5,000.00). Wholesaler Applicant understands and acknowledges, pursuant to §24-34-108, C.R.S., that the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Wholesaler Applicant shall therefore pay a total amount of **Five Thousand, Seven Hundred Fifty Dollars and No Cents ($5,750.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Wholesaler Applicant submits this signed Final Agency Order to the Board.

10. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.

11. **Release from Cease & Desist Order.** Upon execution of this Final Agency Order, payment of the required fine as required above in paragraph 9, and issuance of Wholesaler Applicant's registration as an out-of-state wholesaler in the state of Colorado as set forth above in paragraph 8, the terms of the Cease and Desist Order entered on February 5, 2009 no longer apply and Wholesaler Applicant is hereby RELEASED from the Cease and Desist Order. The Cease and Desist Order shall remain a public record published in accordance with the Colorado Open Records Act and Board policy along with this Final Agency Order, as set forth below in paragraph 16.

12. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

13. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

14. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Scott J. White

SCOTT J. WHITE
CEO-US OPERATIONS

Dated: 03/13/09

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Scott J. White, in his/her capacity as an authorized agent of Aurobindo Pharma USA, Inc. before me in the County of Middlesex, State of New Jersey this 13th day of March, 2009.

Linda K. Dingle

Notary Public

My commission expires:
LINDA K. DINGLE
Notary Public, State of New Jersey
Commission Expires 6/17/2013

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DEC 12 2013

EXHIBIT A page 4 of 5

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 30th day of March, 2009.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

EXHIBIT A page 5 of 5

owner - Alaska Resolved

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.8162
Toll free fax: 907.269.8195

March 22, 2022

Email: apu@slsny.com
skauffman@aurobindousa.com

Aurobindo Pharma U.S.A., Inc.
Attn: Scott Kauffman
C/O State Licensing Servicing
1751 State Route 17A, Suite 3
Florida, NY 10921

Re: State of Alaska Board of Pharmacy- Case No.: 2021-001210

NON-DISCIPLINARY LETTER OF ADVISEMENT

Dear Scott Kauffman,

This letter is to advise you the State of Alaska, Division of Corporations, Business and Professional Licensing (Division) and Alaska Board of Pharmacy (Board) have completed the investigation of the licensing allegations filed against Aurobindo Pharma U.S.A., Inc.

After a thorough review by a licensed board member, it was determined that Aurobindo Pharma U.S.A., Inc. failed to submit a completed "Change of Facility Manager Form" provided by the Division within thirty (30) days of the new Facility Manager's date of assignment, which the licensed board member determined to be a violation of the following:

12 AAC 52.610. WHOLESALE DRUG DISTRIBUTOR LICENSE. (d) Within 30 days after a change in location, ownership, or facility manager, the new facility manager must (1) submit the completed change of facility manager form provided by the department;

The licensed board member determined violations were present, however, it was their opinion that your actions did not rise to the level requiring formal disciplinary action against your license, and the appropriate disposition for this matter is to issue you this **Non-Disciplinary Letter of Advisement.**

This letter advises Aurobindo Pharma U.S.A., Inc. to ensure your staff understand and adhere to the Alaska Board of Pharmacy statutes and regulations concerning the proper documents and timeframes for changes in location, ownership, or facility manager, which can be found online using this link:

https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofPharmacy.aspx

This letter will be retained in our files and is evidence of the Board's concern and the fact you have been notified of the requirement under Alaska Statute 08.80 and Regulation 12 AAC 52 to abide by all laws governing your license.

This investigation is now closed and no further action will be taken. This letter is non-disciplinary and, therefore, cannot be appealed. This document will not be posted on the public website; however, it is a public document and may be released to an inquirer through an Alaska Public Records Request. Because you were under official investigation, you, the Board, or the Division may be required to report that information on future license applications, including your Alaska renewal.

Thank you for your cooperation in this matter. Please feel free to contact me directly via email michael.bowles@alaska.gov.

Respectfully,

DocuSigned by:
B8F5187FD2A44A0...

Michael Bowles
Investigator
State of Alaska, Board of Pharmacy

DocuSign

Certificate Of Completion

Envelope Id: C8D7AB8AB5704C298B7C2C1101BDC622
Subject: Advisement Letter 2021-001210.pdf
Source Envelope:
Document Pages: 2
Certificate Pages: 4
AutoNav: Enabled
EnvelopeId Stamping: Disabled
Time Zone: (UTC-09:00) Alaska

Signatures: 1
Initials: 0

Status: Completed

Envelope Originator:
Michael Bowles
PO Box 110206
Juneau, AK 99811
michael.bowles@alaska.gov
IP Address: 136.226.57.24

Record Tracking

Status: Original
3/22/2022 9:00:59 AM
Security Appliance Status: Connected
Storage Appliance Status: Connected

Holder: Michael Bowles
michael.bowles@alaska.gov
Pool: StateLocal
Pool: State of Alaska

Location: DocuSign

Location: DocuSign

Signer Events	Signature	Timestamp
Michael Bowles michael.bowles@alaska.gov State of Alaska Security Level: Email, Account Authentication (None)	DocuSigned by: B8F5187FD2A44AD Signature Adoption: Uploaded Signature Image Using IP Address: 216.137.196.90	Sent: 3/22/2022 9:02:12 AM Viewed: 3/22/2022 9:02:22 AM Signed: 3/22/2022 9:02:29 AM

Electronic Record and Signature Disclosure:
Accepted: 12/29/2021 2:30:05 PM
ID: 9dd331b4-b5e9-4798-8369-e577f18ac7bb
Company Name: State of Alaska

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Scott Kauffman skauffman@aurobindousa.com Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 3/22/2022 9:02:30 AM Viewed: 3/22/2022 9:03:10 AM
State Licensing Servicing apu@slsny.com Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 12/13/2021 11:24:02 AM ID: 798fe308-326c-41c3-9cb7-46e6b8dd0c90 Company Name: State of Alaska	COPIED	Sent: 3/22/2022 9:02:31 AM Viewed: 3/22/2022 10:32:10 AM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp
Envelope Summary Events	**Status**	**Timestamps**
Envelope Sent	Hashed/Encrypted	3/22/2022 9:02:12 AM
Certified Delivered	Security Checked	3/22/2022 9:02:22 AM
Signing Complete	Security Checked	3/22/2022 9:02:29 AM
Completed	Security Checked	3/22/2022 9:02:31 AM
Payment Events	**Status**	**Timestamps**
Electronic Record and Signature Disclosure		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

Please read this Electronic Records and Signature Disclosure (ERSD). It concerns your rights regarding electronically undertaking, and the conditions under which you and the State of Alaska agree to electronically undertake, the transaction to which it relates (the "TRANSACTION").

Consent to Electronically Undertake the TRANSACTION

You can electronically undertake the TRANSACTION only if you confirm that you meet the following requirements by selecting the box next to "I agree to use electronic records and signature" (the "AGREE BOX"):

1. you can fully access and have read this ERSD;
2. you can fully access all of the information in the other TRANSACTION records;
3. you can retain all of the TRANSACTION records in a form that you will be able to fully access for later reference;
4. you consent to undertake the TRANSACTION electronically; and
5. you are authorized to undertake the TRANSACTION. (Please note that falsely undertaking the TRANSACTION may subject you to civil liabilities and penalties and/or to criminal penalties.)

If you cannot or are not willing to confirm each of these five things, do not select the AGREE BOX.

Withdrawing Consent

If you select the AGREE BOX, you can withdraw your consent to electronically undertake the TRANSACTION at any time before you complete the TRANSACTION: simply do not finalize it. The only consequence of withdrawing your consent is that you will not finalize the TRANSACTION.

If you select the AGREE BOX, your consent will apply only to this TRANSACTION. You must separately consent to electronically undertake any other transaction with the State of Alaska.

Paper Option for Undertaking the TRANSACTION

You may undertake the TRANSACTION with the State of Alaska using paper records. (State of Alaska employees who want to undertake the TRANSACTION in paper should contact the agency responsible for the TRANSACTION.) Print the paper records on the website of the State of Alaska agency responsible for the TRANSACTION, or request them from the agency. The State of Alaska homepage is at http://alaska.gov/.

Copies of TRANSACTION Records

After completing the TRANSACTION but before closing your web browser, you should download the TRANSACTION records. Or you can download the records within 30 days after

completing the TRANSACTION using the link in the DocuSign email sent to the email address you used to complete the TRANSACTION. The State of Alaska will not provide a paper copy of the TRANSACTION records as part of the TRANSACTION. Under the Alaska Public Records Act (APRA), AS 40.25.100–.295, you can request a copy from the agency responsible for the TRANSACTION, but if too much time has passed, the agency may no longer have the records when you make your request. If required under the APRA, the agency will charge a fee.

Required Hardware and Software

For the minimum system requirements to electronically undertake the TRANSACTION, including accessing and thereby retaining the TRANSACTION records, visit https://support.docusign.com/guides/signer-guide-signing-system-requirements. These requirements may change. In addition, you need access to an email account.

How to Contact the State of Alaska

To ask a question on this ERSD or the DocuSign document generated after you complete the TRANSACTION or on using DocuSign to electronically undertake the TRANSACTION, contact the Alaska Department of Administration at either of the following addresses:

State of Alaska
Department of Administration
550 West 7th Avenue
Suite 1970
Anchorage, AK 99501
Reference: DocuSign

doa.commissioner@alaska.gov
Subject: DocuSign

To ask any other question on the TRANSACTION records or to update the information for contacting you electronically, contact the State of Alaska agency responsible for the TRANSACTION using the contact information in the TRANSACTION records or, if those records contain no contact information, using the contact information on the agency's website. Again, the State of Alaska homepage is at http://alaska.gov/.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Northstar Rx LLC
Address: 4835 Crumpler Road City: Memphis State: TN Zip: 38141
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

N/A

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
Parent Company (if any): Aurobindo Pharma USA, Inc.
Corporation/Organization Name: Aurolife Pharma LLC
Mailing Address: c/o State License Servicing, 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: AUL@SLSNY.com
Contact Person Name: Christine Cannon

N/A

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: FDA registration: 3014028588	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Aurolife Pharma LLC

Facility Name

Srinivasa R Paruchuri

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

07/16/2025

Date

Board Use Only	Date Received: 7/29/25	Amount: $1000-Ch 753

An official website of the United States government Here's how you know

FDA Registration

FDA

Search Result

Share Tweet LinkedIn Email Print

Drug Establishments Current Registration Site

New Search

Search Results for *Aurolife Pharma LLC*

Showing 1 to 3 of 3 entries Show entries

Firm Name	FDA Establishment Identifier	DUNS	Business Operation	Address	Registration Expiration Date
Aurolife Pharma LLC	3005796917	078296263	ANALYSIS; LABEL; PACK; RELABEL; REPACK	6 Wheeling Road, Dayton, New Jersey (NJ) 08810, United States (USA)	12/31/2025
Aurolife Pharma LLC	3005796917	829084461	ANALYSIS; LABEL; MANUFACTURE; PACK; RELABEL; REPACK	2400 Route 130 North, Dayton, New Jersey (NJ) 08810, United States (USA)	12/31/2025
Aurolife Pharma LLC	3014028588	080970299	ANALYSIS; MANUFACTURE; PACK; RELABEL; REPACK	Unit-II, 2929 Weck Drive, Durham, North Carolina (NC) 27709, United States (USA)	12/31/2025

Previous 1 Next

Data Current Through: Friday, Jan 17, 2025

New Search

Org Chart

AUROLIFE

OWNERSHIP FLOWCHART

Aurobindo Pharma USA, Inc.

FEIN: 20-0962874

100%

Aurolife Pharma LLC

FEIN: 26-2273768

Company Particulars

Aurolife Pharma LLC

Corporate Address: 279 Princeton Hightstown Road, East Windsor , NJ 08520 USA
FEIN: 26-2273768
www.aurobindousa.com

Drug Labeler Code: 13107
Incorporation State: DE
Incorporation Date: 03/26/2008

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
DUR	2929 Weck Drive, Unit II Durham, NC 27709 County: Durham	3014028588	RA0584208	060970299	No	(919) 615-0585	(845) 544-2481

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Rohit C Ghan	[redacted]	SVP R&D Orals/Site Head		[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Aurobindo Pharma USA, Inc.	279 Princeton Hightstown Road East Windsor, NJ 08520	N/A	100	N/A	20-0962874	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Srinivasa R Paruchuri	[redacted]	President		[redacted]		

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Corporation Service Company			

List of officers

AUROLIFE

Corporate Officer List

Srinivasa R Paruchuri - President

AUROLIFE PHARMA LLC
2400 Route 130 N • Dayton, NJ 08810
Phone (732) 839-4377 • Fax (732) 355-0313

Good Standing

Delaware

The First State

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AUROLIFE PHARMA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUROLIFE PHARMA LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2008.

Kristopher E. Knight, Acting Secretary of State

Authentication: 202775584

Date: 01-24-25

4524435 8300

SR# 20250241126

You may verify this certificate online at corp.delaware.gov/authver.shtml

Homestate License

NC Dept. of Agriculture & Consumer Services

Food & Drug Protection Division

Firm Name: AUROLIFE PHARMA LLC

Address: 2929 WECK DRIVE UNIT II DURHAM, NC 27709

License Type: Manufacturer

License Number: 1448

Status: ActiveInGoodStanding

Discipline: No

Issue Date: 11/15/2024

Original Issue: 8/13/2024

Expiration Date: 12/31/2025

Bond Continuance

IAT INSURANCE GROUP Surety

HARCO

BOND RIDER

To be attached to and form a part of Bond No 0766307

Dated The 18th Day of March, 2020 By and Between:

Aurolife Pharma LLC , as Principal, and

Harco National Insurance Company as Surety, in favor of

Nevada State Board of Pharmacy , as Obligee.

It is understood and agreed that the bond is changed or revised in the particulars checked below:

☐ Name of Principal changed to:

☐ Amount of Bond changed from
to

☐ Other The following location is added to this bond
2929 Weck Drive, Unit II, Durham, NC 27707

Said bond shall be subject to all its terms, conditions and limitations, except as herein expressly modified. This bond Rider shall become effective as of July 18, 2024

IN WITNESS WHEREOF, Harco National Insurance Company has caused its corporate seal to be hereunto affixed this 18th day of July, 2024.

Principal: Aurolife Pharma LLC
By:

Harco National Insurance Company
By: Robyn Rost
Robyn Rost Attorney-in-Fact

IFIC BOND RIDER 10/15/2008

IAT INSURANCE GROUP Surety

HARCO

CONTINUATION CERTIFICATE

Bond No. 0766307 Bond Amount: $25,000.00

Term Beginning: March 18, 2024

Term Ending: March 18, 2025

Principal/Insured: Aurolife Pharma LLC

Obligee: Nevada State Board of Pharmacy

Agent: USI Insurance Services LLC

It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above.

This continuation shall be deemed a part of the original bond and not a new obligation and is subject to all the covenants and conditions of said bond.

Harco National Insurance Company

By: Robyn Rost

Attorney-In-Fact

Robyn Rost March 11, 2024

Signed and Sealed Date

Bond w Rider

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0766307

Application/License No. _____

Aurolife Pharma LLC
Applicant/Principal, doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2400 Route 130 North, Dayton, NJ 08810
Address of Applicant/Principal, as PRINCIPAL, and Harco National Insurance Company
Surety Company, a corporation organized under the laws of the state of Illinois
State of Incorporation and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 702 Oberlin Road, Raleigh, NC 27605
Address of Surety as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of Twenty Five Thousand ($25,000), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 18, 2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 18th day of March, 20 20.

APPLICANT/PRINCIPAL

Aurolife Pharma LLC
COMPANY

Authorized Representative

SURETY

Harco National Insurance Company

Surety Company's Representative

Robyn Rost, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Karla Luongo

Witness Pamela Wylie

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0766307

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

MICHAEL PARR, ROBYN ROST

Summmit, NJ

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies, that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC No. 50079910 NEW JERSEY My Comm. Exp. April 04, 2023

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A Outley a Notary Public of New Jersey
My Commission Expires April 04, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, March 18, 2020

B31765 USI Insurance Services, LLC.

Irene Martins, Assistant Secretary

Harco National Insurance Company and Affiliates Pool

702 Oberlin Road, Raleigh, North Carolina 27605
Statement of Assets, Liabilities, Surplus and Other Funds
As of December 31, 2018

ASSETS

Bonds	$	470,138,260
Preferred Stocks		76,049,555
Common Stocks		891,402,162
Cash and Short Term Investments		52,273,294
Other Invested Assets		21,476,183
Uncollected Premiums and Agents' Balances in the Course of Collection		159,906,521
Deferred Premiums, Agents Balances & Installments booked		108,679,441
Reinsurance Balances Recoverable		70,581,520
Current Federal & Foreign Income Tax Recoverable & Interest		5,587,079
Investment Income Due and Accrued		7,001,147
Other Assets		610,865
Total Assets	$	1,863,706,027

LIABILITIES, SURPLUS & OTHER FUNDS

Reserves for Losses and Loss Adjustment Expenses	$	583,031,214
Reinsurance payable on paid losses & loss adjustment expense		5,941,983
Commissions Payable, Contingent Commissions & Other Similar Charges		28,909,805
Other Expenses (Excluding Taxes, Licenses and Fees)		10,446,018
Taxes, Licenses & Fees (Excluding Federal Income Tax)		7,741,957
Net Deferred Tax Liability		18,657,956
Unearned and Advanced Premiums		361,900,470
Ceded Reinsurance Premiums Payable		125,800,010
Funds Held for Account of Others		28,301,613
Other Liabilities		24,355,888
Total Liabilities		1,195,086,914
Common Capital Stock		16,100,004
Gross Paid-in & Contributed Surplus		334,193,860
Unassigned Funds (Surplus)		318,325,249
Surplus as Regards Policyholders		668,619,113
Total Liabilities, Surplus & Other Funds	$	1,863,706,027

I David G. Pirrung, attest that I am the duly appointed President of: Harco National Insurance Company ("Harco"); Commercial Alliance Insurance Company; Transguard Insurance Company of America, Inc.; Occidental Fire & Casualty Company of North Carolina; Wilshire Insurance Company; Acceptance Indemnity Insurance Company and Acceptance Casualty Insurance Company, which are all members of a Reinsurance Pooling Agreement, whereby Harco is the "Pool Leader" and all other companies previously listed are "Pool Members" (the Pool Leader and Pool Members are collectively referred to as the ("Pool").

I further attest that the attached statutory-basis statement of assets, liabilities, surplus and other funds was compiled from the annual statements, with appropriate eliminations, of each company within the Pool as they were filed with the respective state departments of insurance and National Association of Insurance Commissioners

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of Harco, this 18th day of March, 2019.

Harco National Insurance Company

D-P5

David G. Pirrung, President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Aurolife Pharma LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 2929 Weck Drive, Unit II

City: Durham State: NC Zip: 27709

Mailing Address (if different from physical address): c/o State License Servicing, 225 Dolson Ave, 4th Floor

City: Middletown State: NY Zip: 10940

Telephone: (845) 544-2482 Website: www.aurobindousa.com

Licensing Company Email: AUL@SLSNY.com

Section 2: Personal Information

First: Rohit Middle: C Last: Ghan

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: 08853

Telephone: [redacted] Email: rghan@aurobindousa.com

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Louisiana Tech University			11/2002 – 11/2004
Address	**City**	**State**	**Zip**
201 Mayfield Ave	Ruston	LA	71272
Diploma/Degree obtained, if any			
Doctor of Philosophy			

School Name			From - To (MM/YY – MM/YY)
Louisiana Tech University			11/2000 – 11/2002
Address	**City**	**State**	**Zip**
201 Mayfield Ave	Ruston	LA	71272
Diploma/Degree obtained, if any			
Master of Science			

School Name			From - To (MM/YY – MM/YY)
Mumbai University			06/1995 - 11/1999
Address	**City**	**State**	**Zip**
Mahatma Gandhi Road, Mantralaya, Fort, Mumbai	Maharashtra 442001, India		
Diploma/Degree obtained, if any			
Bachelor of Science in Chemical Engineering			

School Name			From - To (MM/YY – MM/YY)
DGJ RUPAREL COLLEGE OF SCIENCE 07/21/2025			06/1993 - 06/1995
Address	**City**	**State**	**Zip**
Senapati Bapat Marg, Matunga	Mumbai	Maharashtra	400016
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2022 - Present	[redacted]	[redacted]	[redacted]	08853
09/2013 -09/2022				08822

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Aurolife Pharma LLC			05/2024 - Present	
Business Address		**City**	**State**	**Zip**
2929 Weck Drive, Unit II		Durham	NC	27709
Phone	**Title**		**Number of Employed Hours**	
(919) 615-0585	SVP R&D Orals/Site Head		~ 173 hours	

Description of Duties

Leading site Operations for manufacturing of niche dosage forms for inhalation, topical and transdermal dosage forms. Designated representative for Aurolife Unit II site responsible for overall operations and P&L. Identifying opportunities for improving productivity and adding to bottom line revenue.

Business Name			From - To (MM/YY – MM/YY)	
Aurobindo Pharma USA Inc			12/2016 - 05/2025	
Business Address		**City**	**State**	**Zip**
279 Princeton Hightstown Road		East Windsor	NJ	08500
Phone	**Title**		**Number of Employed Hours**	
(732) 839-9400	SVP R&D Orals		~ 17,332 hours	

Description of Duties

Led development and filing for NDA for oncology product. Led business development for identifying strategic partnerships to augment portfolio contribution to topline. Led project management function successfully to ensure timely and on-budget delivery on multiple business priorities locally and globally. Built state-of-the-art research and development facility for development of complex oral solid dosage forms for US and global market.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A
Original Signature (electronic, copies or stamps not accepted)

N/A
Date

I, Rohit C Ghan, **certify that as the designated representative for**

Aurolife Pharma LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RCG I am at least 21 years of age;
3. RCG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RCG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RCG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RCG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RCG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Rohit C Ghan
Print Name (First, Last)

RCGhan
Original Signature (electronic, copies or stamps not accepted)

07/14/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rohit C Ghan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/21/25

Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Wake

I, Rohit C Ghan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature Rohit C Ghan

07/21/2025

Date

Subscribed and Sworn to before me this 21st day of July.

Sripal reddy Palavai

Notary Public Signature SRIPAL REDDY PALAVAI

SRIPAL REDDY PALAVAI
NOTARY PUBLIC
Wake County
North Carolina
My Commission Expires Sept. 6, 2027

(Seal)

Employee List

Employee	ID	Hire Date
Adla, Bala R.	[redacted]	02/12/2024
Amin, Harsh S.		07/06/2021
Applewhite, William F.		09/26/2023
Belus, Naromc		05/22/2022
Bodamallu, Pavan kumar		02/05/2024
Burkey, Lucas A.		05/06/2024
Cole, Lisa L.		10/11/2021
DANDEPALLY, SRINIVASA R.		08/16/2021
Desai, Disha		12/05/2023
Dubba, Pavani		09/26/2022
Flowers, Robin		11/20/2023
Goodwin, Micah D.		03/23/2020
Heffernan, Morgan M.		11/08/2021
Leone, Tony S.		11/20/2023
Majette, Latosha N.		03/25/2024
Matthews, Dwayne		02/03/2020
Martinez Medina, Mirna Y.		08/30/2022
Mckoy, Isaac J.		03/01/2021
Medina Guarcauco, Manuel A.		07/05/2022
Milam, David		11/20/2023
MISTRI, PIYUSH K.		07/26/2021
morrow, Ken K.		01/10/2022
Mothurapu, Rajitha		02/06/2023
Murphy, Roy V.		10/11/2021
Neve, Graham W.		07/11/2022
Njugnna, Lawrence		11/20/2023
Nunez, Alan		07/08/2019
PANDIT, SACHIN S.		05/08/2017
Patel, Mihir P.		12/07/2020
PATEL, NITESH		04/18/2016
Peter Francis, Antony		12/06/2021
Rami, Shripben D.		09/12/2022
Rosfi, Adam		05/19/2022
Sanderson, Patrick G.		07/12/2022
Singh, Paramjeet		06/07/2022
Singletary, Dequine A.		06/23/2021
SINHA, SHRUTI		06/17/2024
SOLANKI, AMIT KUMAR		05/22/2017
Somadjegbi, Moise		02/26/2024
SONI, BHAVNESH		08/01/2016
Stacy Jr., Rodney M.		05/18/2020
Sutton, Alecia L.		06/12/2023
SWEPSON, ANTONIO M.		06/05/2023
Te, Pheaktra		04/04/2022
Teo, Chris H.		10/17/2022
Thommandru, Gurudivija		05/06/2024
Vargas, Anthony		09/11/2023
Velez, Hector M.		12/28/2021
Vinr, Mykola		11/14/2022
YANCEY, DERRICK		05/14/2018
Zgrodek, Angie S.		02/21/2023

40

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ■ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Brandywine Pharmaceuticals, LLC

Physical Address: 600 W Strasburg Rd

City: West Chester State: PA Zip: 19382

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 610-314-7943 Website: www.brandywinepharma.com

Name of Designated Representative (DR): Brian Anderson

Licensing Company Email: banderson@brandywinepharma.c DR Email: banderson@brandywinepharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Nostrum Laboratories
Address: 1800 N Topping Ave City: Kansas City State: MO Zip: 64120
Name: Centurion Labs
Address: 3100 Bowling Dr City: Birmingham State: AL Zip: 35242
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: Brian Anderson
Business Name: Brandywine Pharmaceuticals, LLC
Business Address: 600 W Strasburg Rd
City: West Chester State: PA Zip: 19382
Telephone: 610-314-7943 Email: banderson@brandywinepharma.com

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Brandywine Pharmaceuticals, LLC

Facility Name

Brian Anderson

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7/28/25

Date

Board Use Only	Date Received: 8/4/25	Amount: $1000 CC

An official website of the United States government Here's how you know

FDA

Current through August 8, 2025

You have searched Finished drug products

Search Results: *'71321'*

Back to Search Page

Showing 1 to 3 of 3 entries Show 50 entr

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product N
BranTussin DM	71321-700-16	2mg/5mL, 15 mg/5mL, 7.5 mg/5mL	LIQUID	ORAL	M012	Brandywine Pharmaceuticals, LLC	71321-700
Oral Citrate Solution	71321-604-16	640mg/5mL, 490 mg/5mL	SOLUTION	ORAL	N/A	Brandywine Pharmaceuticals, LLC	71321-604

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product N
+ Triprolidine HCl Drops	71321-701-50	1.25mg/2mL	LIQUID	ORAL	M012	Brandywine Pharmaceuticals, LLC	71321-701

Previous 1 Next

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T:717-787-1057
dos.pa.gov/BusinessCharities

Regarding:	Brandywine Pharmaceuticals, LLC		
Request Type:	Subsistence Certificate	**Issuance Date:**	July 23, 2025
Request No.:	060840014	**File No.:**	0006515220
Receipt No.:	001948543		
Filing Type:	Domestic Limited Liability Company		
Filing Subtype:	Limited Liability Company		
Initial Filing Date:	February 22, 2017		
Status:	Active		

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Brandywine Pharmaceuticals, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF STATE •

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

H114-257 (rev. 01/19)

Commonwealth of Pennsylvania
Department of Health (DOH)
(717) 787-4779 FAX (717) 787-3188

Drug, Device, & Cosmetic Program
555 Walnut St, 7th Floor, Suite 701
Harrisburg, PA. 17101

DRUG, DEVICE, & COSMETIC COMPLIANCE INSPECTION REPORT

FIRM NAME: Brandywine Pharmaceuticals LLC	DATE: 6/15/2022	PA DOH REGISTRATION: 8000009701	EXP. DATE: 7/31/2022
ADDRESS: 600 West Strasburg Rd	CHANGE ☐	PA DOH LICENSE: 8000002397	EXP. DATE: 7/31/2022
CITY: West Chester PA ZIP CODE: 19382	COUNTY: Chester	FDA REGISTRATION:	EXP. DATE:
OWNER/PARENT (if different than above):	LEAD PERSON INTERVIEWED: Brian Anderson	DEA REGISTRATION:	EXP. DATE:
PHONE: 610-314-7943	TITLE: President	PA L&I LICENSE:	EXP. DATE:
HOURS OF OPERATION: 8-4 M-F	ID OF PERSON INTERVIEWED: PA DL 24302697	PA DOS LICENSE:	EXP. DATE:
TOTAL EMPLOYEES/ FACILITYSIZE: 5-10	INSPECTOR NAME: T. Ritchie	OTHER REGISTRATION:	EXP. DATE:

Initial Inspection		Type of Action/Pursuant to:	X	Controlled Substance, Drug, Device, & Cosmetic Act, Act 64 of 1972
Investigation/Compliance	X	Routine	X	Wholesale Prescription Drug Distributors License Act, Act 145 of 1992
Follow-up				Noncontrolled Substance Registration & Reporting Act
Disaster				Other

TYPE of FIRM		PRODUCTS		SUBTYPE		MISC.
	Manufacturer-Drugs	X	Prescription Drugs (RX)		DME	mostly and product
	Manufacturer-Devices		Controlled Substances		Diagnostics	
	Manufacturer-Cosmetics		List I Chemicals		Optical	
	Transfiller-Medical Gases		OTC Drugs/Medicinals		Dental	distribution to
	Relabeler/Repackager		Cosmetics/Cosmeceuticals		Orthotics	
X	Distributor-Drugs		Veterinary-Prescription		Prosthetics	other wholesalers
	Distributor-Medical Gases		Veterinary- OTC		Implants	
X	Distributor-Devices		Medical Gases		Assisted Hearing Devices	
	Distributor-Cosmetics	X	RX Devices		Reprocessor/Reuser	
	Retailer-Medical Gases	X	OTC Devices		Delivery Systems	
	Retailer-Drugs, Medicinals,		Biologics/Blood Products		Radiation Emitting Device	
	Practitioner/Institution		Radiation Emitting Drug		Samples	
	Medicated Feed Plant/Agri.		Medicated Feed		Clinical Trial/Investigation	
	Research/Training		API (Active Pharm Ingred.)		Foreign Import/Export	
	Other:	X	Other: nutrition supplement		Other:	

FACILITY, PHYSICAL CONTROLS, & STAFF		STOCK, RECORDS, & POLICIES		QUALITY CONTROL		KEY NOTES
"X" denotes firm meets standard in this area. "N" denotes deficiency in this area. " / " denotes not applicable						
X	Physical Condition	X	Inventory control/Errors	X	Adulterated/Expired	
X	Adequate Equipment	N	Suspect Product Policy	X	Misbranded	
X	Physical Security	X	Recall Policy	X	Contraband	
X	Staff Security/Limited Access	X	Return Goods Policy		*Manufacturing/Repack Only*	
X	Temperature system/Logs	X	Emergency Policy/Reporting	/	Adherence to GMP	
X	Ventilation/Humidity	X	Track and Trace System	/	Validation: Equipment	
X	Running Water/Restroom	X	Receiving Records/Pedigree		Raw Materials	
X	Cleanliness/Pest-Free	X	Distributing Records		Intermediaries	
X	Quarantine/Hold Area	X	Authorized trading/transfer		Finished Prod.	
X	Appropriate Storage	X	Disposal/Destruction Records	X	Sterile/X Contamination	
X	Registration/Licenses	/	Controlled Substance Rec	X	Product Label/Identifiers	
X	Perm. Site (deed/lease > 6m)	/	Labels/Prescription Order	X	Batch Record/Lot No.	
X	Qualified Staff & Supervision		Other:		Other:	
X	Name/ID/qualifications of manager: Brian Anderson 3 yrs PA DL 24302697					

Personnel standards met. Physical standards met.
Record keeping/track/trace system standards met.
Policy/Procedures written - standards met except no missing suspect/counterfeit product policy

PASS **FAIL** or **PASS-pending** (pending corrections made noted above & date corrections must be made 7/15/2022)

Signature of Inspector | Signature of Firm Representative | 6/15/2022 Date

Certificate of Registration

Certificate No. 3000009701
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Distributor (Prescription)

Drug & Device Registration
2525 N. 7th Street
Suite 210D
HARRISBURG, PA 17110
(717) 787-4779

BRANDYWINE PHARMACEUTICALS LLC
600 WEST STRASBURG ROAD
WEST CHESTER, PA 19382

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: June 27, 2017
Expiration Date: The Last Day of August, 2026

Jeanne Parisi
Deputy Secretary for Quality Assurance

Pennsylvania
Department of Health

Debra L. Bogen, MD, FAAP
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Certificate of Licensure

Certificate No. 8000002891
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
2525 N. 7th Street
Suite 210D
HARRISBURG, PA 17110
(717) 787-4779

Category:

Wholesaler/Distributor

BRANDYWINE PHARMACEUTICALS LLC
600 WEST STRASBURG ROAD
WEST CHESTER, PA 19382

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: June 27, 2017
Expiration Date: The Last Day of August, 2026

Jeanne Parisi
Deputy Secretary for Quality Assurance

Pennsylvania
Department of Health

Debra L. Bogen, MD, FAAP
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 108318343

Application/License No. _____

Brandywine Pharmaceuticals, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 600 W. Strasburg Road, West Chester, PA 19382 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on July 25, 2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 25th day of July, 2025.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Jack Rosenberg, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Jamie K. Geyer

Witness Gabriella Kay

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **JACK ROSENBERG** of **WAYNE**, **Pennsylvania**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of **each of the Companies**, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of **said Companies** by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of **each of the Companies**, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of **each of the Companies**, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **25th** day of **July**, **2025**

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Brandywine Pharmaceuticals, LLC
Pharmacy/Wholesaler License # (if applicable) _____
Physical Address 600 W Strasburg Rd
City West Chester State PA Zip 19382
Mailing Address (if different from physical address) _____
City _____ State _____ Zip _____
Telephone 610-608-1744 Website www.brandywinepharma.com
Licensing Company Email banderson@brandywinepharma.com

Section 2: Personal Information

First Brian Middle Kenneth Last Anderson
Alias(es, nicknames, name changes, etc.) _____
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X
Mailing Address [redacted]
City [redacted] State [redacted] Zip 19460
Telephone [redacted] Email banderson@brandywinepharma.com
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Pennsylvania State University		1995-1999	
Address	**City**	**State**	**Zip**
201 Old Main	University Park	PA	16802
Diploma/Degree obtained, if any			
B.S. Business Logistics			

School Name		From - To (MM/YY – MM/YY)	
Great Valley High School		1991-1995	
Address	**City**	**State**	**Zip**
225 Phoenixville Pike	Malvern	PA	19355
Diploma/Degree obtained, if any			
General Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/22-PRESENT	[redacted]	[redacted]	[redacted]	19460
06/15 - 12/22				19460
N/A				

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Brandywine Pharmaceuticals			12/16 - Present	
Business Address		**City**	**State**	**Zip**
600 W Strasburg Rd		West Chester	PA	19382
Phone	**Title**		**Number of Employed Hours**	
610-608-1744	President		18,700	
Description of Duties				
Oversee all GMP distribution and quality operations				

Business Name			From - To (MM/YY – MM/YY)	
GlaxoSmithKline			2001-2006	
Business Address		**City**	**State**	**Zip**
893 River Road		Conshohocken	PA	19428
Phone	**Title**		**Number of Employed Hours**	
	Distribution Supervisor		10,400	
Description of Duties				
Head of all warehouse activities for storage of pharmaceutical raw materials. Hosted FDA audits, created and implemented quality systems.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
	N/A			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I, Brian Anderson, **certify that as the designated representative for** Brandywine Pharmaceuticals, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Brian Anderson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/24/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian Anderson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/28/25

Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Chester

I, Brian Anderson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/24/25

Date

Subscribed and Sworn to before me this 24 day of July 2025

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
JEANNIE STOUT - Notary Public
Chester County
My Commission Expires March 12, 2029
Commission Number 1394515

(Seal)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application
Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Brandywine Pharmaceuticals, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): _____

Physical Address: 600 W Strasburg Rd

City: West Chester State: PA Zip: _____

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 610-314-7943 Website: www.brandywinepharma.com

Licensing Company Email: banderson@brandywinepharma.com

Section 2: Personal Information

First: Brian Middle: Kenneth Last: Anderson

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] Stat[redacted] Zip: 19460

Telephone: [redacted] Email: banderson@brandywinepharma.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Pennsylvania State University		1995-1999	
Address	**City**	**State**	**Zip**
201 Old Main	University Park	PA	16802
Diploma/Degree obtained, if any			
B.S. Business Logistics			

School Name		From - To (MM/YY – MM/YY)	
Great Valley High School		1991-1995	
Address	**City**	**State**	**Zip**
225 Phoenixville Pike	Malvern	PA	19355
Diploma/Degree obtained, if any			
General Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

N/A

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/22-PRESENT	[redacted]	[redacted]	[redacted]	19460
06/15 - 12/22				19460
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

N/A

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Brandywine Pharmaceuticals			12/16 - Present	
Business Address		**City**	**State**	**Zip**
600 W Strasburg Rd		West Chester	PA	19382
Phone	**Title**			
610-608-1744	President			
Description of Duties				
Oversee all GMP distribution and quality operations				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian Anderson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/24/25

Date

Please have this section completed in the presence of a Notary Public.

State of PA, ss. County of Chester

I, Brian Anderson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/24/25

Date

Subscribed and Sworn to before me this 24 day of July 2025

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
JEANNIE STOUT - Notary Public
Chester County
My Commission Expires March 12, 2029
Commission Number 1394515

(Seal)

BRANDYWINE®
PHARMACEUTICALS, LLC

Employees

Brian Anderson
Greg Schuster
Andrew Schuster
Ben Garvey
Nina Scalia

4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Curium US LLC

Physical Address: 14395 Bergen Blvd

City: Noblesville State: IN Zip: 46060

Mailing Address (if different from physical address): 14395 Bergen Blvd

City: 14395 Bergen Blvd State: IN Zip: 46060

Telephone: 2174337902 Website: www.curiumpharma.com

Name of Designated Representative (DR): Matthew Trusner

Licensing Company Email: Matthew.Trusner@curiumpharma DR Email: Matthew.Trusner@curiumpharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies ■ Practitioners ■ Hospitals ☐ Wholesalers ☐ Veterinarians ■ Others: Manufacturers	☐ Dangerous Drugs ☐ Controlled Substances ☐ [a]Medical devices, equipment, supplies, gases ■ Others: Human PrescriptionDrugs, Bulk API	■ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ■ Retail pharmacy wholesale distributor ☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cardinal Health

Address: 5795 Argyle Street City: Las Vegas State: NV Zip: 89118

Name: Sierra Radiopharmacy

Address: 601 Mill Street City: Reno State: NV Zip: 89502

Name: Advanced Isotopes of Nevada, _Suite A121 City: Las Vegas State: NV Zip: 89119

Address: 1771 E. Flamingo, Suite A121 City: Las Vegas State: NV Zip: 89119

Name: Cleveland Clinic Lou Ruvo Center

Address: 888 West Bonneville Avenue City: LAS VEGAS State: NV Zip: 89106

Section 4: Publicly Traded Corporation

State of Incorporation:

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Curium US Holdings LLC

Corporation/Organization Name: Curium US LLC

Mailing Address: 14395 Bergen Blvd.

City: Noblesville State: IN Zip: 46060

Telephone: 2174337902 Email: Matthew.Trusner@curiumpharma.com

Contact Person Name: Matthew Trusner

Section 6: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Curium US LLC

Facility Name

Jason Tilly-Vice President & Secretary

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

May 16, 2024

Date

Board Use Only	Date Received: 6/10/24	Amount: $1000 CK 656783

An official website of the United States government Here's how you know

FDA

Share Tweet LinkedIn Email Print

Drug Establishments Current Registration Site

New Search

Search Results for *Curium US LLC*

Showing 1 to 1 of 1 entries (filtered from 2 total entries)

Show 50 entries

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Registration Expiration Date
Curium US LLC	3011400787	117470446	API MANUFACTURE; MANUFACTURE	14395 Bergen Boulevard, Noblesville, Indiana (IN) 46060, United States (USA)	12/31/2025

Previous 1 Next

Data Current Through: Friday, Apr 11, 2025

New Search

Applicant-Curium US LLC-FEIN 47-2088928
Parent Company- Curium US Holdings LLC (DE)-100% Ownership

Officers of Applicant

Name: Michael Patterson
Title: CEO/President
Business Address: 111 Westport Plaza Drive, Suite 800, St. Louis, MO 63146

Name: Jason Tilly
Title: Vice President and Secretary
Business Address: 111 Westport Plaza Drive, Suite 800, St. Louis, MO 63146

Name: Joseph Warchol
Title: Vice President and Treasurer
Business Address: 111 Westport Plaza Drive, Suite 800, St. Louis, MO 63146

Name: Tony Kinney
Title: Assistant Secretary
Business Address: 111 Westport Plaza Drive, Suite 800, St. Louis, MO 63146

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CURIUM US LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF MARCH, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

5608631 8300

SR# 20251177361

Authentication: 203239456

Date: 03-21-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Indiana

DEMOGRAPHIC INFORMATION

Name: Curium US LLC

ADDRESS INFORMATION

Line 1: 14395 Bergen Blvd.
Line 2:
City/State/Zip: Noblesville IN 46060
County: Hamilton

LICENSE INFORMATION

Lic #:	48002630A	Profession:	Pharmacy Board	Type:	Wholesale Drug Distributor	Secondary:	
Status:	Active	Issued:	9/9/2024	Expiration:	9/30/2025	Renewed:	
Method:	Application						

DISCIPLINE INFORMATION

RELATED LICENSES

No Related Licenses

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Wholesale Drug Distributor

Registration Number	Expire Date
48002630A	09/30/2025

Curium US LLC
14395 Bergen Blvd.
Noblesville IN 46060

Eric J. Holcomb
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Wholesale Drug Distributor

Registration Number	Expire Date
48002630A	**09/30/2025**

Curium US LLC

Signature

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800159442

Application/License No. _____

Curium US,LLC, doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
14395 Bergen Blvd., Noblesville, IN 46060, as
(Address of Applicant/Principal)
PRINCIPAL, and Atlantic Specialty Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of New York
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
605 Highway 169 North, Suite 800, Plymouth, MN 55441 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 23, 2024.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 23rd day of May, 20 24.

APPLICANT/PRINCIPAL

Curium US LLC

Authorized Representative

SURETY COMPANY

Atlantic Specialty Insurance Company

Surety Company's Representative

Karen L. Roider, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Cynthia L. Choren

Witness Debra C. Schneider

Countersigned by:

n/a

Nevada Resident Agent

Posted February 20, 2020

intact INSURANCE

Power of Attorney

Surety Bond No: 800159442

Principal: Curium US LLC

Obligee: Nevada State Board of Pharmacy

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: Karen L. Roider, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Sarah A. Kolar, General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 23rd day of May, 2024

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
Kara Barrow, Secretary

Please direct bond verifications to surety@intactinsurance.com

intact INSURANCE

Power of Attorney

Surety Bond No: 800159442

Principal: Curium US LLC

Obligee: Nevada State Board of Pharmacy

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ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Sarah A. Kolar, General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

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Signed and sealed. Dated 23rd day of May, 2024.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
Kara Barrow, Secretary

Please direct bond verifications to surety@intactinsurance.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Curium US LLC

Pharmacy/Wholesaler License # (if applicable) In Process

Physical Address 14395 Bergen Blvd

City Noblesville State IN Zip 46060

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 317-376-5173 Website www.curium.com

Licensing Company Email curium@iqvia.com

Section 2: Personal Information

First Michelle Middle Denise Last Blosser

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip 46060

Telephone [redacted] Email michelle.blosser@curiumpharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Anderson University			
Address	**City**	**State**	**Zip**
1100 E. 5th St.	Anderson	IN	46012
Diploma/Degree obtained, if any			
Bachelors			
School Name		**From - To (MM/YY – MM/YY)**	
Benjamin Logan			
Address	**City**	**State**	**Zip**
6609 State Rt 47 E	Bellefontaine	OH	43311
Diploma/Degree obtained, if any			
Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/20-Current	[redacted]	[redacted]	[redacted]	46055
07/18-11/20				46055
06/14-07/18				30809
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Curium US LLC			07/24- Current
Business Address	**City**	**State**	**Zip**
14395 Bergen Blvd	Noblesville	IN	46060
Phone	**Title**	**Number of Employed Hours**	
217-521-7825	Senior Director Site Quality	Resume	

Description of Duties

See Resume Attached

Business Name			From - To (MM/YY – MM/YY)
MilliporeSigma			11/22-07/24
Business Address	**City**	**State**	**Zip**
6102 Victory Way	Indianapolis	IN	46278
Phone	**Title**	**Number of Employed Hours**	
800-325-3010	Director, Quality Assurance Systems	Resume	

Description of Duties

See Resume Attached

Business Name			From - To (MM/YY – MM/YY)
Elanco			07/18-11/22
Business Address	**City**	**State**	**Zip**
2500 Innovation Way N	Greenfield	NC	46140
Phone	**Title**	**Number of Employed Hours**	
877-352-6261	Lead Quality Advisor, External Manufacturing Americas	Resume	

Description of Duties

See Resume Attached

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Michelle Blosser

[redacted]

Strong leader and consistent high performer with versatile experience in Quality Assurance, Quality Control and Validation. Technically adept at solving complex problems across sterile manufacturing platforms. Demonstrated excellence in leadership and extensive experience in driving process improvements to fit organizational goals. Strategic, logical and a strong problem solver with excellent communication abilities.

PROFESSIONAL EXPERIENCE

Curium Pharmaceuticals, Noblesville IN
Senior Director, Site Quality **July 2024 - Present**

- Proactively develop, lead and contribute to Curium's Quality Strategy from early stages through commercial scale manufacturing in line with customer need and capacity expansion.
- Oversee decisions of the Quality Assurance, Validation and Quality Control teams.
- Lead all operational Quality matters in the US ensuring independent and compliant decision making, holding accountability for end-to end Quality oversight for all pharmaceutical products manufactured at the Noblesville site.
- Conceptualize and set strategic quality direction, determine key strategic quality plan elements, and organize quality goals into annual and long-range plans.
- Oversee the management of external agency inspections, ensuring compliance with policies, procedures and regulatory requirements. Act as key liaison for local, state, federal and global regulatory inspections.
- Oversee Quality Assurance department responsible for Quality Management Systems (QMS), Quality Management Review, Quality Metrics including internal auditing program and timely completion of corrective actions.
- Lead Quality planning for New Product development and Maintenance of Business assuring facilities, processes and products have detailed prospective strategies for drugs and devices.
- Assure that Research and Development work activities are GLP/cGMP compliant with all appropriate sections of drug filings.

MilliporeSigma, Indianapolis IN
Head of Compliance, Quality Systems and Computer Systems Quality Assurance Apr 2024 – July 2024

- Ensure compliance of the Indianapolis site to the appropriate regulations (21CFR 210 and 211, ICH Q7, EU Eudralex).
- Owner/Lead of all audits Regulatory, client and internal
- Lead, develop and engage both direct and indirect reports.
- Drive continuous improvement to Quality and other cross-functional processes to ensure maturity of Operational Excellence through use of Six Sigma and Lean Principles.
- Lead site Data Integrity, Computer System Validation initiatives and remediation sitewide.
- Creation of Computer System Quality Assurance team and oversight model – for all systems and equipment sitewide
- Quality oversight for Quality Control

- Quality Risk Management
- Quality System ownership – Deviations, CAPAs, Complaints, Change Control and Quality Management Review

MilliporeSigma, Indianapolis IN
Director, Quality Assurance Systems **November 2022 – April 2024**

- Lead Quality Assurance team in all aspects of Quality Systems, Quality Control and Client Interface.
- Ensure compliance of the Indianapolis site to the appropriate regulations (21CFR 210 and 211, ICH Q7, EU Eudralex).
- Lead inspection readiness for the site.
- Owner/Lead of all audits internal, client and external
- Lead Supplier Quality oversight.
- Lead, develop and engage both direct and indirect reports.
- Lead Quality and Validation of CAPEX Projects
- Drive continuous improvement to Quality and other cross-functional processes to ensure maturity of Operational Excellence.
- Training and Document Control oversight
- Own Validation oversight, including Computer System Validation.
- Quality Engineering oversight

Elanco, Greenfield IN **June 2021 – November 2022**
Lead Quality Advisor – Global Quality Management Lead

- Lead the deployment of the Quality Control S4 SAP LIMS system globally.
- Lead six sites across the Americas, Europe, and Asia Pacific in the implementation of LIMS data entry, Stability, Environmental Monitoring and Certificate Generation (COA/COC).
- Lead the sites as well as external IT resources in all stages of the project – Explore, Build, Test, Cutover and Deployment.
- By the usage of Organizational Change Management principles, train end users and support post-Go Live issues.

Elanco, Greenfield IN **July 2018 – June 2021**
Lead Quality Advisor – External Manufacturing Americas

- Lead product launches conducted at external contract manufacturing for Elanco enterprise.
- Lead Quality and Technical process and laboratory activities in global product Technical Transfers.
- Quality Assurance oversight over Elanco's multi-product Parenteral portfolio.
- Serve as corporate Parenteral expert in both Quality and Technical spaces.
- Quality Assurance and Quality Control oversight of additional manufacturing platforms, i.e., API, Oral Solid Dosage, Nutritional Products, Premix Products and Vaccines.
- Depth of understanding and experience with regulatory submissions to multiple regulatory agencies – FDA, EU, USDA, GMP, EPA, MAPAs, VMD.
- Lead global projects in Quality Assurance, Regulatory and Quality Control that create significant value and reduce risk to the company

Eli Lilly and Company/Elanco, Augusta GA **July 2014 – 2018**

Manager – Quality Assurance/Quality Systems

- Quality Assurance oversight to Operations (Fermentation, Purification, API Lyophilization, Formulation, Filling and Packaging), Materials Management, Batch Release, Stability, Chemical and Microbiological Laboratories, Environmental Monitoring, Computer System Validation, Process and Equipment Validation/Qualification, External Vendor Primary and Secondary Packaging (Components/PPM) and Internal Audit Program.
- Managed diverse team of 15 direct reports.
- Reduced Batch Release cycle time by 300% by streamlining process while improving quality oversight.
- Led site governance forum, which played a key role in improving the quality and technical depth of Root Cause Investigations and Deviations. As a result, process deviations have decreased by 100%.
- Led and hosted successful FDA and EU-VMD audits.
- Led successful efforts to validate and implement in vivo bioassay in transition from animal-based methodology.

Eli Lilly and Company Indianapolis, Indiana **Aug 2011 – July 2014**
Manager – QC

- Created new Bio-Molecule testing teams and testing processes for 7 new products.
- Managed Diabetes Care, Diversified Hospital Care, Bio-Molecules and Development Product multi-product testing teams (~50 direct and indirect reports).
- Led cross-functional team facilitating high volume method validations and transfers utilizing effective project management.
- Increased organizational effectiveness of laboratories; reduced testing cycle time by 20%, increased testing throughput by 35%, reduced execution errors by 15% and increased technical capability of teams.
- Led successful inspection readiness activities for multiple PAI inspections.
- Hosted multiple successful external regulatory audits.

Eli Lilly and Company, Indianapolis, IN **2007 - 2011**
Associate Consultant QC

- Laboratory quality system oversight, i.e., management review, procedure/training, investigations, change control.
- Successfully co-led and implemented global Darwin LIMS system across Parenteral site.
- Subject Matter Expert for all laboratory quality and software systems such as Trackwise, Regulus, Veeva, Darwin, Smartlab, Chromatography Systems, Methods, Quality Reviews and SAP
- Primary contact for internal and external GMP audits
- Led multiple Six Sigma projects resulting in significant financial and resource savings.

- Created and Implemented OSSCE Class A laboratory workload management processes and tools. Process and tools replicated throughout other laboratories.

Eli Lilly and Company, Indianapolis, IN **2003 - 2007**
Team Leader – QC

- Managed team of analytical chemists in support of finished Drug Product testing at release, stability, in process and special investigative analysis.
- Supported off hours testing of routine and non-routine business support.
- Conducted analytical investigations of OOS and OOT.
- Authored procedures, training, change controls and deviations.

Eli Lilly and Company, Indianapolis, IN **2000 - 2003**
Associate Analytical Chemist

- Tested and verified finished product Diabetes Care and Diversified Hospital Care products.
- Conducted analytical investigations using root cause analysis.
- Implemented Statistical Process Control (SPC) of laboratory data.
- Implemented laboratory documentation/notebooks.

Earlier Career Employment

Roxane Laboratories, Bohinger Ingleheim, Columbus Ohio 1998-2000
Analytical Development Chemist

Education and Training

Anderson University, Anderson, IN
Bachelor of Science, Biology, August 1997

PROFESSIONAL SKILLS/TRAINING

- 21 CFR 210, 211, 820 – cGMP for Pharmaceuticals and Medical Devices
- External Manufacturing
- Regulatory Compliance / Regulatory Affairs
- Aseptic Processing of Dry Powders and Liquids
- API and Drug Product Manufacturing
- Biologic Manufacturing
- Quality Control Laboratory
- Quality Systems
- Process and Analytical Investigations, Root Cause Analysis and Deviation Management
- Quality Risk Management
- Quality Management Review
- Quality by Design
- Method Validation, Transfer and Verification

- Process Improvement (Green Belt / Lean Six Sigma and Lean Manufacturing)
- CAPA implementation and effectiveness evaluation
- Validation (Process, Equipment, Computer System, Sterilization, Cleaning)
- Commissioning and Qualification
- Supplier Management
- Finished Product Visual Inspection
- Technical Transfer
- QC LIMS implementation – SAP, Darwin
- SAP QM

Certificates and Achievements

Six Sigma Greenbelt Certification
Quality Advocate Award Recipient
CMC Technical Transfer Excellence Awards for Dulaglutide
CMC Technical Transfer Excellence Awards for Ramucirumab
Value Add Award for Commercial Operations

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Michelle Blosser, **certify that as the designated representative for**

Curium US LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. X I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Michelle Blosser

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04-Sep-2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michelle Blosser

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04-Sep-2025

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Hamilton

I, Michelle Blosser, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04Sep2025

Date

Subscribed and Sworn to before me this 04 day of September

Notary Public Signature

BREE ROENIGK
Notary Public
Hamilton County - State of Indiana
Commission Number NP0700164
My Commission Expires May 8, 2033

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Curium US LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 14395 Bergen Blvd.

City: Noblesville State: IN Zip: 46060

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 217-433-7902 Website: www.curiumpharma.com

Licensing Company Email: Matthew.Trusner@curiumpharma.com

Section 2: Personal Information

First: Matthew Middle: John Last: Trusner

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: 46060

Telephone: [redacted] Email: Matthew.Trusner@curiumpharma.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of St. Francis		08/11 - 05/13	
Address	**City**	**State**	**Zip**
500 Wilcox St.	Joliet	IL	60435
Diploma/Degree obtained, if any			
Bachelor of Science in Healthcare Leadership			

School Name		From - To (MM/YY – MM/YY)	
Mt. Zion High School		08/98 - 05/01	
Address	**City**	**State**	**Zip**
315 South Henderson St.	Mt. Zion	IL	62549
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/14 - Present	[redacted]	[redacted]	[redacted]	46055
From - To (MM/YY – MM/YY)	[redacted]	[redacted]	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Curium US LLC			03/20 - Present
Business Address	**City**	**State**	**Zip**
14395 Bergen Blvd.	Noblesville	IN	46060
Phone	**Title**		
317-349-3585	Manager - Health Physics, Radiation Safety Officer		

Description of Duties
- Licensed Radiation Safety Officer on NRC Accelerator and Research & Development Licenses
- Supervise and direct radiation safety program and assured regulatory compliance and safe working conditions
- Performs routine audits on all survey records, laboratories and other documentation of radiation safety operations
- Manages Health Physics staff on day-to-day functions.
- Manages all EHS functions at site including occupational health and emergency safety.

Business Name			From - To (MM/YY – MM/YY)
Zevacor Molecular			06/13 - 03/20
Business Address	**City**	**State**	**Zip**
14395 Bergen Blvd.	Noblesville	IN	46060
Phone	**Title**		
317-349-3585	Radiation Safety Officer		

Description of Duties
- Licensed Radiation Safety Officer on NRC Accelerator and Research & Development Licenses
- Supervise and direct radiation safety program and assured regulatory compliance and safe working conditions
- Introduced, negotiated, and implemented new projects to expand the scope of the radiation safety program
- Performs routine audits on all survey records, laboratories and other documentation of radiation safety operations

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Matthew, Trusner

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

25APR24

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Hamilton

I, Matthew Trusner, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

25APR24

Date

Subscribed and Sworn to before me this 25 day of April.

Brittany D. Roenigk

Notary Public Signature

BRITTANY D. ROENIGK
Seal
Notary Public – State of Indiana
Hamilton County
My Commission Expires May 8, 2025

Commission # 709647

(Seal)

Curium US LLC

Person Id	Person Name	Location	Job Classification Job Title
101200	Pauls, Robert	Noblesville	Principal Information Services Technician
101195	Hankerson, Felicia	Noblesville	Quality Assurance Specialist
100402	Huggins, Kara	Noblesville	Senior Quality Systems Analyst
101051	Smith, Ashley	Noblesville	Quality Assurance Specialist
101202	Watson, Rachel	Noblesville	Senior Manager Quality Assurance
101131	Blosser, Michelle	Noblesville	Senior Director Site Quality
101203	Cook, Alyssa	Noblesville	Senior Quality Control Testing Engineer
101178	Gitre, Haley	Noblesville	Principal Quality Testing Engineer
101192	Hunter, Dustin	Noblesville	Principal Supplier Quality Technician
101102	Kakou, Atim	Noblesville	Senior Quality Control Microbiology Technician
101196	Lawless, Kollman	Noblesville	Senior Environmental Monitoring Technician
101050	Loar, Tamara	Noblesville	Senior Quality Control Technician
100803	McClure, Derek	Noblesville	Senior Quality Control Testing Engineer
101184	McGrath, Michelle	Noblesville	Principal Quality Control Technician
101084	Senften, Alison	Noblesville	Quality Control Testing Engineer
101163	Stimpson, Ryan	Noblesville	Product Monitoring Analyst
100419	Wallace, Ryan	Noblesville	Senior Director Quality Assurance
101049	Williams, Jermell	Noblesville	Senior Quality Control Technician
100538	Curole, Jonathan	Noblesville	Process Engineer
101170	Kopp, Joseph	Noblesville	Manager Production
100225	Menne, Nicholas	Noblesville	Manager Production
100997	Taylor, Jerry	Noblesville	Manufacturing Technical Writer
101169	Wash, Andrew	Noblesville	Manufacturing Technical Writer
100878	Wyse, Collin	Noblesville	Manager Production
100403	Kiselev, Maxim	Noblesville	VP Process Improvement
100417	Trusner, Matthew	Noblesville	Manager Health Physics EHS
100932	Knight, Jonathan	Noblesville	Senior Director Project Management Office
100763	Blackburn, Ryan	Noblesville	Lead Facilities Technician
100054	Chambers, Courtney	Noblesville	Director Operations
100559	Madinger, Grant	Noblesville	Manager Production
100408	O'Neal, Robert	Noblesville	Senior Facilities Technician
100253	Patterson, Matthew	Noblesville	Director Operations
100830	Seal, Cory	Noblesville	Principal Mechanical Technician
100413	Shirk, Amber	Noblesville	Planning Logistics Manager
100850	Williams, Ryan	Noblesville	Principal Facilities Technician
101150	Baker, Steve	Noblesville	Consultant
101220	Blank, Don	Noblesville	Consultant
101207	Burrie, Vickie	Noblesville	Consultant
101167	Carbonell, Elisa	Noblesville	Consultant
101063	Conner, Kevin	Noblesville	Consultant
101164	Copple, Brandon	Noblesville	Consultant
101156	Cosby, Jacob	Noblesville	Consultant
101221	Enlow, Neil	Noblesville	Consultant
101115	Harmon, Jessie	Noblesville	Consultant

101064	Horsley, Tyler	Noblesville	Consultant
101174	Ivanov, Joe	Noblesville	Consultant
101171	Mateo, Kim	Noblesville	Consultant
101191	Melendez, Greg	Noblesville	Consultant
101062	Miller, Chris	Noblesville	Consultant
101126	Mirza, Mehdi	Noblesville	Consultant
101206	O'Connor, Jarred	Noblesville	Consultant
101142	Ostendorf, Michelle	Noblesville	People Partner
101224	Smith, Bryan	Noblesville	Consultant
101146	Tarmoul, Nazim	Noblesville	Consultant
101172	Thomas, Kenneth	Noblesville	Consultant
101223	Vargas, Miranda	Noblesville	Consultant
101069	Walker-Baden, Justin	Noblesville	Consultant
101066	Washburn, Blake	Noblesville	Consultant
101183	White, Stephen	Noblesville	Consultant
101030	Eggleston, Shea	Noblesville	Quality Documentation Specialist
100867	Lu, Fan	Noblesville	Principal Supply Chain Analyst
101173	Davis, Laura	Noblesville	Senior Manufacturing Technician
101176	Fort, Richard	Noblesville	Principal Manufacturing Technician
101118	Smith, Swann	Noblesville	Senior Manufacturing Technician
101190	Spencer, Thomas	Noblesville	Principal Manufacturing Technician
101018	Bieker, Christopher	Noblesville	Senior Process Engineer
101137	Bonner, Timothy	Noblesville	Equipment Engineer
101181	Townsend, Tracy	Noblesville	Equipment Engineer
100400	Harvey, Danial	Noblesville	Senior Cyclotron Engineer
101145	Kinasiewicz, Michael	Noblesville	Senior Manufacturing Chemist
101024	Klaassen, Wesley	Noblesville	Principal Manufacturing Chemist
100505	Schwalm, Nicholas	Noblesville	Principal Manufacturing Production Technician
100980	Seifert, Audra	Noblesville	Senior Manufacturing Chemist
100416	Steele, Brandon	Noblesville	Cyclotron Operations Lead
101159	Duncan, Bryan	Noblesville	Regulatory Affairs Technical Writer
100411	Roenigk, Brittany	Noblesville	Principal Regulatory Affairs Specialist
101041	Furusho, David	Noblesville	Site Director
100933	Huggins, Daniel	Noblesville	Lead Planning Logistics Coordinator
101165	Parrino, Arthur	Noblesville	Principal Planning Logistics Specialist
100395	Beaver, Allyn	Noblesville	Principal Manufacturing Technician
100398	Dwyer, Daniel	Noblesville	Principal Manufacturing Technician
100401	Hernandez, Manuel	Noblesville	Principal Manufacturing Technician
100981	Kakou, Benito	Noblesville	Senior Manufacturing Technician
100757	Storino, Franco	Noblesville	Senior Manufacturing Technician
101023	Donnelly, Danielle	Noblesville	Principal Health Physicist
100860	Marcum Gilmore, Brandon	Noblesville	Senior EHS Specialist
100456	Talbott, Paul	Noblesville	Lead Radiation Safety and EHS Technician
101218	Mohler, Matthew	Noblesville	Senior Quality Control Technician
101011	Freshour, Tanner	Noblesville	Senior Quality Assurance Specialist
100612	Wells, Paul	Noblesville	Principal Sourcing Agent

4Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Epic Pharma, LLC

Physical Address: 609-2 Cantiague Rock Road

City: Westbury State: NY Zip: 11590

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 516-854-9996 Website: epic-pharma.com

Name of Designated Representative (DR): Michael Esquilin

Licensing Company Email: licensing@epic-pharma.com DR Email: m.esquilin@epic-pharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cencora
Address: 1 West First Ave City: Conshohocken State: PA Zip: 19428

Name: Cardinal Health
Address: 7000 Cardinal Place City: Dublin State: OH Zip: 43017

Name: McKesson
Address: 6555 State Highway 161 City: Irving State: TX Zip: 75039

Name: Kaiser Permanente
Address: Suite 101-Dock 30-36 - KFH Reno 3PL City: Reno State: NV Zip: 89506

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Humanwell Healthcare USA, LLC
Corporation/Organization Name: Epic Pharma, LLC
Mailing Address: 227-15 North Conduit Avenue
City: Laurelton State: NY Zip: 11413
Telephone: (718) 276-1735 Email: licensing@epic-pharma.com
Contact Person Name: Baohua Yue (CEO)

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - 100% corporately owned		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [3]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [3]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf. N/A		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Epic Pharma, LLC

Facility Name

Baohua Yue

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

08/27/2025

Date

Board Use Only	Date Received: 8/29/25	Amount: $1000 ck 4,2989

An official website of the United States government Here's how you know

FDA

Home ▶ Drug Databases ▶ DECRS ▶ Search Result

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Drug Establishments Current Registration Site

New Search

Search Results for *epic pharma*

Showing 1 to 1 of 1 entry
(filtered from 2 total entries)

Show 50 entries

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Registration Expiration Date
Epic Pharma, LLC	3031887837	119310573	MANUFACTURE	609 Cantiague Rock Rd Unit 2, Westbury, New York (NY) 11590-1721, United States (USA)	12/31/2025

Previous 1 Next

Data Current Through: Tuesday, Aug 26, 2025

New Search

EPIC PHARMA, LLC
609-2 Cantiague Rock Road, Westbury, NY 11590
Tel: 516-854-9996 Fax: 718-276-1735

Applicant:	**Epic Pharma, LLC**
Tax ID:	**32-0254130**
State of Incorporation:	**Delaware**
Parent Company:	**Humanwell Healthcare USA, LLC – 100% Ownership**
Parent Company Tax-ID:	**30-0921911**
State of Incorporation:	**Delaware**

Officer Information for Epic Pharma, LLC

Name:	Baohua Yue
Title:	CEO
DOB:	[redacted]
SSN:	
Business Address:	609-2 Cantiague Rock Road Westbury, NY 11590
Home Address:	[redacted]
E-Mail:	b.yue@epic-pharma.com
Phone:	[redacted]

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EPIC PHARMA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EPIC PHARMA, LLC" WAS FORMED ON THE SEVENTH DAY OF APRIL, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203335346

Date: 04-02-25

4529836 8300

SR# 20251339176

You may verify this certificate online at corp.delaware.gov/authver.shtml

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2024-27

NAME OF SUPERVISOR
MICHAEL ESQUILIN

THIS IS TO CERTIFY

EPIC PHARMA, LLC
609-2 CANTIAGUE ROCK RD
WESTBURY, NY 11590

is duly recorded as a

REGISTERED WHOLESALER OF DRUGS AND/OR DEVICES

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FOURTH DAY OF NOVEMBER, 2024.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF OCTOBER, 2027.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

041125

EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

CONTINUATION CERTIFICATE

Harco National Insurance Company, Surety upon

a certain Bond No. 0519986

dated effective December 27, 2018
(MONTH-DAY-YEAR)

on behalf of Epic Pharma, LLC
(PRINCIPAL)

and in favor of Nevada State Board of Pharmacy
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on January 27, 2025
(MONTH-DAY-YEAR)

and ending on January 27, 2026
(MONTH-DAY-YEAR)

Amount of bond $ 100,000.00

Description of bond Nevada Pharmacy Bond

PROVIDED: That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on December 23, 2024
(MONTH-DAY-YEAR)

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Harco National Insurance Company

By Loretta M. Jones

Loretta M. Jones, **Attorney-In-Fact**

S-0157/GEEF 11/99

IAT INSURANCE GROUP
Surety

HARCO
NATIONAL INSURANCE COMPANY

Addendum: Usage of e-Seal and e-Signature for Harco and IFIC Surety Bond Forms

Harco National Insurance Company and International Fidelity Insurance Company (herein the "Company") have authorized our network of surety partners, as granted under the attached Power of Attorney, stipulated within the terms of a signed Agency Agreement and duly appointed by the Company under a Department of Insurance appointment (where required) within all 50 U.S. States, plus U.S. territories and possessions, to affix an electonic e-seal to all bond documents as if it were a raised corporate seal. This addendum also extends to the use of an e-signature by our appointed surety partners authorized under the Company Power of Attorney.

This authority is effective on this day, the 15th of April 2024 and shall remain in place indefinitely unless and until revoked by the Company.

Harco National Insurance Company and International Fidelity Insurance Company

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

Authorized by: Michael F. Zurcher
Executive Vice President, Surety

POWER OF ATTORNEY

Bond # 0519986

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

RACHEL A. CHAVERIAT, MICHELLE LUTE-HEATHERLY, BONNIE L. RICE, ANDREA ALLMAN, CAROLYN E WHEELER, LORETTA M. JONES, LESLIE PATTERSON

Knoxville, TN

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2024

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Michael F. Zurcher
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2024 before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

CATHY CRUZ NOTARY PUBLIC STATE OF NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2029

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, December 23, 2024

A00795

Irene Martins, Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Epic Pharma, LLC

Pharmacy/Wholesaler License # (if applicable): Pending

Physical Address: 609-2 Cantiague Rock Road

City: Westbury State: NY Zip: 11590

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 516-854-9996 Website: epic-pharma.com

Licensing Company Email: licensing@epic-pharma.com

Section 2: Personal Information

First: Michael Middle: Last: Esquilin

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: 11590

Telephone: [redacted] Email: m.esquilin@epic-pharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cambridge College, Graduate School of Management		~~9/2015 – 5/2017~~ 9/1995 – 5/1997	
Address	**City**	**State**	**Zip**
500 Rutherford Ave	Cambridge	MA	02129
Diploma/Degree obtained, if any			
Masters in Business and Negotiation			

School Name		From - To (MM/YY – MM/YY)	
University of Puerto Rico		8/84 – 5/90	
Address	**City**	**State**	**Zip**
Carr 174, 170 Industrial Minillas 1911	San Juan	PR	00959
Diploma/Degree obtained, if any			
B.S. in Materials Management; A.S. in Industrial Engineering, A.S. in Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
5/2014 – Present	[redacted]	[redacted]	[redacted]	11596
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Epic Pharma, LLC			06/24 - Present	
Business Address		**City**	**State**	**Zip**
609-2 Cantiague Rock Road		Westbury	NY	11590
Phone	**Title**		**Number of Employed Hours**	
516-854-9996	Senior Director, Supply Chain		3,033	
Description of Duties				
Please see the attached resume				

Business Name			From - To (MM/YY – MM/YY)	
Sanofi Pharmaceuticals			10/21 - 06/24	
Business Address		**City**	**State**	**Zip**
450 Water Street		Cambridge	MA	02141
Phone	**Title**		**Number of Employed Hours**	
(800) 981-2491	Master Data Expert - Global Supply Chain		5,200	
Description of Duties				
Please see the attached resume				

Business Name			From - To (MM/YY – MM/YY)	
Epic Pharma, LLC			04/19 - 09/21	
Business Address		**City**	**State**	**Zip**
227-15 North Conduit Ave		Laurelton	NY	11413
Phone	**Title**		**Number of Employed Hours**	
(718) 276-1735	Head of Supply Chain		6,253	
Description of Duties				
Please see the attached resume				

Business Name			From - To (MM/YY – MM/YY)	
Naturex Inc			01/17 - 04/19	
Business Address		**City**	**State**	**Zip**
375 Huyler Street		South Hackensack	NJ	07606
Phone	**Title**		**Number of Employed Hours**	
(201) 440-5000	Plant Director		6,048	
Description of Duties				
Please see the attached resume				

Business Name			From - To (MM/YY – MM/YY)	
Fougera Pharmaceutical				
Business Address		**City**	**State**	**Zip**
60 Baylis Road		Melville	NY	
Phone	**Title**		**Number of Employed Hours**	
(631) 454-6996	Director of Supply Chain		8,640	
Description of Duties				
Please see the attached resume				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)
Hi-Tech Pharmacal		1/2008 – 9/2013
Business Address	City	State / Zip
10 Edison Street	Amityville	NY / 11701
Phone	Title	Number of Employed Hours
(631) 789-8228	Senior Director of Supply Chain	14,688
Description of Duties		
Please see the attached resume		

Business Name		From - To (MM/YY – MM/YY)
Pall Biomedical		1/2000 – 12/2007
Business Address	City	State / Zip
25 Harbor Park Drive	Port Washington	NY / 11050
Phone	Title	Number of Employed Hours
(516) 484-5400	Global Supply Chain Director	15,144
Description of Duties		
Please see the attached resume		

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	Number of Employed Hours
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	Number of Employed Hours
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	Number of Employed Hours
Description of Duties		

Make copies of this page OR use a separate piece of paper if additional space is needed.

MICHAEL A. ESQUILIN, CSCP

[redacted]

OPERATIONS AND SUPPLY CHAIN EXPERT

Passionate leader who drives results and innovation across high-profile industries including pharma/biopharma, medical devices, and food/cosmetic ingredients. **APICS-CSCP** Certified with hands-on experience in **mfg./packaging, demand/supply planning, sourcing, inventory & revenue management, distribution, E2E/3PL-integration, engineering, and SAP-ERP projects**. Decisive leader with outstanding reputation developing Operations/SC strategies, transforming organizations and building high-performing teams to deliver exponential growth. Well versed in Lean Mfg., JIT and, Six Sigma. Proven track record rationalizing $100M+ in costs. Fluent in Spanish.

CAREER PERFORMANCE QUALIFICATIONS

Performance Metrics/KPI • Start-up Operation • Process Improvements • Plant Automation • Project Management • Talent Development • Safety Management • Shop Floor Execution • Equipment and Process Validation • Process Mapping • Product/Factory Transfers • Motion & Time Study • OPEX/CAPEX • Profit and Loss • Maintenance and Repair Operation • Preventive/Predictive Maintenance • Contract Manufacturing • Inventory Management • Supplier Qualification

FDA • DEA • NJDEP • EPA • OSHA • GMP • UL • ISO9002 • FSCC • HACCP • Organic • Kosher • Halal • SEDEX • CFR21-Part 11
SAP • QAD • JDE • Oracle • Excel • BI • Visio • Lean/Six Sigma • MRO • MRP • HVAC • TQM • CAPA • JIT • KANBAN • BOM • WMS

PROFESSIONAL EXPERIENCE

EPIC-PHARMA • Laurelton, NY **6/2024 - Present**
$200M USA sales • 200 employees
Head of Supply Chain

Responsible for production planning, sourcing, inventory control, ERP, contract manufacturing, warehousing and distribution. Oversee manufacturing and production execution and provide site leadership to all functional areas to meet operational objectives. Member of the senior leadership team.

Sanofi Pharmaceuticals • (Remote) **10/2021 – 6/2024**
Master Data Expert – Global Supply Chain

Responsible for providing master data support across production planning, purchasing, and distribution teams. Proven track record in leading change control activities and implementing global changes for high-impact products, including blockbuster drugs. Skilled in collaborating with cross-functional teams worldwide to ensure smooth integration and execution of process improvements. Adept at leveraging industry expertise to optimize workflows and drive operational efficiency, simplifying processes across the organization.

EPIC-PHARMA (former Sandoz site) • Laurelton, NY **4/2019 to 9/2021**
$200M USA sales • 200 employees
Head of Supply Chain

Responsible for production planning, sourcing, inventory control, ERP, contract manufacturing, warehousing and distribution. Oversee manufacturing and production execution and provide site leadership to all functional areas to meet operational objectives. Member of the senior leadership team.

- Improved productivity – Implemented OEE tracker to production lines leading to a 20% improvement in efficiency.
- Eliminated FTS – Saved $12M per year on failure to supply (FTS) penalties.
- Relocated DC – Saved $1M per year by relocating distribution center to a more central location.
- Improved Planning Process – Increased OTD from 60% to 98%, reduced inventory by 10%, and eliminated material shortages.

NATUREX, INC. (acquired by Givaudan) • South Hackensack, NJ **1/2017 to 4/2019**

$6B Global Sales • 64 mfg. sites (flavors, fragrances, and active cosmetic ingredients) • 14,000 employees

Plant Director

Responsible for 24/7 site operation of one of North America's largest natural/organic ingredient facilities for the pharma, food, and consumer product industries and the largest distribution operation for Naturex worldwide. Oversaw over 200 employees in the areas of Production, Tech Services, Engineering, EHS, QC/QA, and Supply Chain. Member of the senior leadership team.

- Improved GMP operation – Championed a Quality and Right First Time culture within the organization.
- Production execution – Implemented "Lean Mfg" to eliminate waste, minimize downtime and improve production efficiency.
- Automation and Safety – Redesigned Spray Dryer operation. Installed material handling equipment to reduce risk of injury.
- Inspections/audit – Led successful inspections from DEA, FDA, OSHA, and NJBH, FSSC and multiple customer audits.

FOUGERA PHARMACEUTICAL (acquired by Sandoz) • Melville, NY **2013 to 2016**

$3B USA-Sales • 30 manufacturing sites worldwide • 26,500 employees

Director of Supply Chain

Responsible for production planning, purchasing, inventory control, master data, and contract manufacturing. Member of the Site Leadership Team (SLT). Represented the site at the Executive S&OP and Change Control Board. Member of the Novartis Emergency Management team (NEMs) responsible for Fougera Business Continuity.

- Restructured department – Eliminated job redundancies and cross trained staff to increase efficiency and customer focus.
- Improved reporting –Created dashboards to monitor material shortages, track issues, forecast, inventory coverage, and KPI's.
- Reduced costs – Performed inventory analysis and worked with suppliers to reduce total inventory by 15% (> $10m).

HI-TECH PHARMACAL (acquired by Akorn) • Amityville, NY **2008 to 2013**

$350M Pharmaceutical Manufacturer • 2 facilities • Rx Sterile & Clean room operation • 400 employees

Senior Director of Supply Chain

Led production planning, sourcing, CMO, inventory management, distribution, and logistics for clinical trials. Responsible for strategic relationships with suppliers, channel-master distributors and major retailers. Ensured compliance with FDA and DEA agencies across the campus and maintained a cGMP operation throughout the supply chain.

- Supported aggressive growth – Set strategy and built a Supply Chain infrastructure to enable sales growth from $62M to $400M in five years.
- Developed reporting – Built tools and reports to measure site performance and provided leadership to change the culture.
- Implemented SAP – Led SAP implementation (done in 7 months). Trained staff in MM, SD, and WMS modules.

PALL BIOMEDICAL (acquired by Haemonetics) • Port Washington, NY **2000 to 2007**

$2B Filtration and Separation Manufacturer • Life Science/Industrial • 32 Global Locations • 11,000 employees

Global Supply Chain Director

Led demand/supply planning, S&OP, inventory, distribution/3PL, chargeback/rebate and GPO reporting for Medical Division. Developed short/long-term strategic plans for manufacturing and created policies and procedures to standardize the global supply chain operation. Monitored performance and oversaw global distribution throughout U.S. and Latin American markets.

- Improved performance – Developed KPIs and focused on areas that needed improvement. Impact to bottom-line $50M+.
- Increased profitability – Eliminated distributors and outsourced business to 3PL. Annual savings of $140M.
- Built world class operation – Awarded the 2006 Supplier Quality Award by Premier Group Purchasing Organization (GPO).

EDUCATION

Cambridge College Graduate School of Management, Cambridge, MA –
Masters in Business and Negotiation, 1997
University of Puerto Rico, San Juan, PR – **B.S. in Materials Management,**
A.S. in Industrial Engineering, A.S. in Mechanical Engineering,

PROFESSIONAL CERTIFICATIONS and BUSINESS MEMBERSHIPS

APICS – Certified Supply Chain Professional (**CSCP**), (12/07)
SAP Certified Consultant member (PP/MM)
HDMA – Healthcare Distribution Management Association
CPHI, DCAT, LogiPharma

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Michael Esquilin, **certify that as the designated representative for**

Epic Pharma, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ME I am at least 21 years of age;
3. ME I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ME I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ME I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ME I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ME I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Michael Esquilin

Print Name (First, Last)

Michael Esquilin

Original Signature (electronic, copies or stamps not accepted)

08/21/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Esquilin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/21/2025

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Queens

I, Michael Esquilin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/21/2025

Date

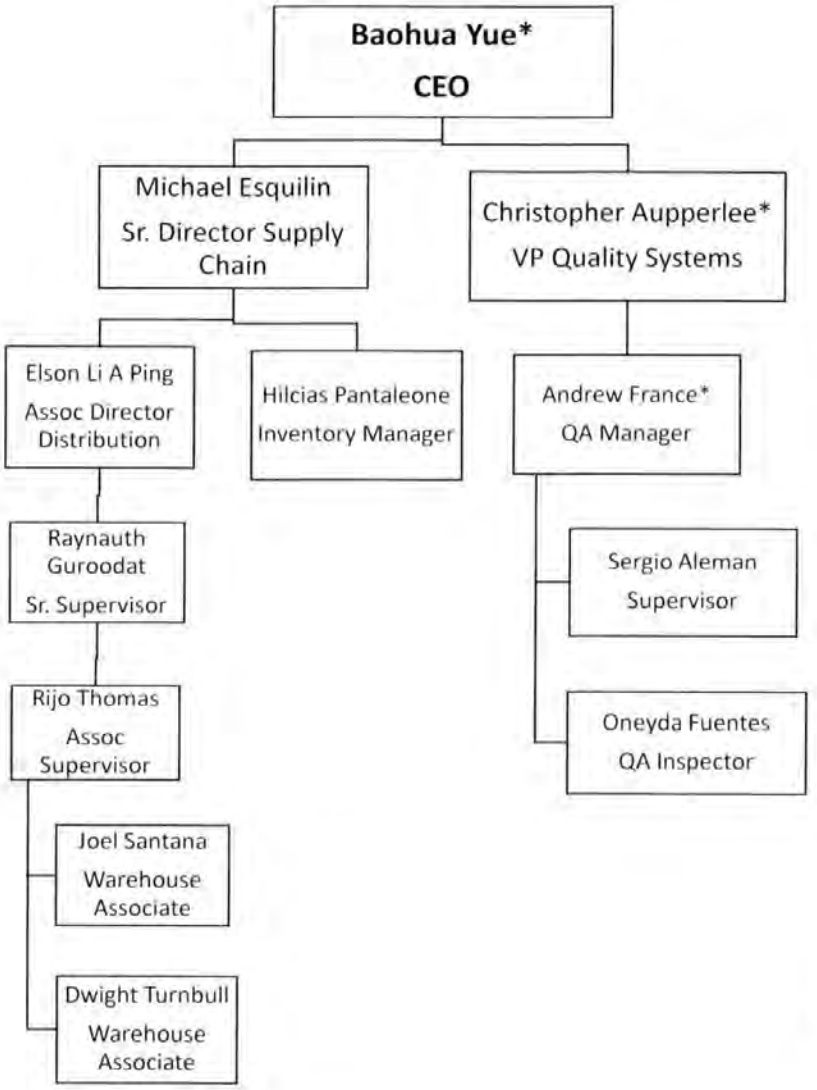
Subscribed and Sworn to before me this 21 day of August.

Notary Public Signature

LYNN A MURTHA
Notary Public - State of New York
No. 01MU6429421
Qualified in Queens County
My Comm. Expires Feb. 14, 2026

(Seal)

Epic Pharma
Westbury, NY Employees



* Primary work location is Epic's headquarters in Laurelton, NY

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: FEMSelect Inc

Physical Address: 951 Clint Moore Road

City: Boca Raton State: FL Zip: 33487

Mailing Address (if different from physical address): 2261 Market Street, Suite 22341

City: San Francisco State: CA Zip: 94114

Telephone: 215-940-8178 Website: www.femselect.com

Name of Designated Representative (DR): Matthew Shipley

Licensing Company Email: 951LICENSE@RHCL3PL.COM DR Email: mshipley@rhcl3pl.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Surgical Centers		■ Others: Distributor

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): N/A

Corporation/Organization Name: FEMSelect Inc.

Mailing Address: 2261 Market Street, Suite 22341

City: San Francisco State: CA Zip: 94114

Telephone: 215-940-8178 Email: debbie@femselect.com

Contact Person Name: Deborah Garner

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

FEMSelect Inc.

Facility Name

Deborah Garner

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7/15/2025

Date

Board Use Only	Date Received: 7/17/25	Amount: $1000 eCh 012479

List of Directors:

Chief Executive Officer	Deborah Garner
Chief Financial Officer	Frank Gallagi
Director	Dr. Peter Fitzgerald
Director	Deborah Garner
Director	Volker Berl
Director	Renee Selman
Director	Rakesh Tailor

FEMSelect
EnPlace

FEMSelect is a non-resident Distributor of Legend Devices – Medical Device Class II -Obstetric-Gynecologic Specialized Manual Instrument. Seeking to distribute Medical Devices from Florida to New Jersey.

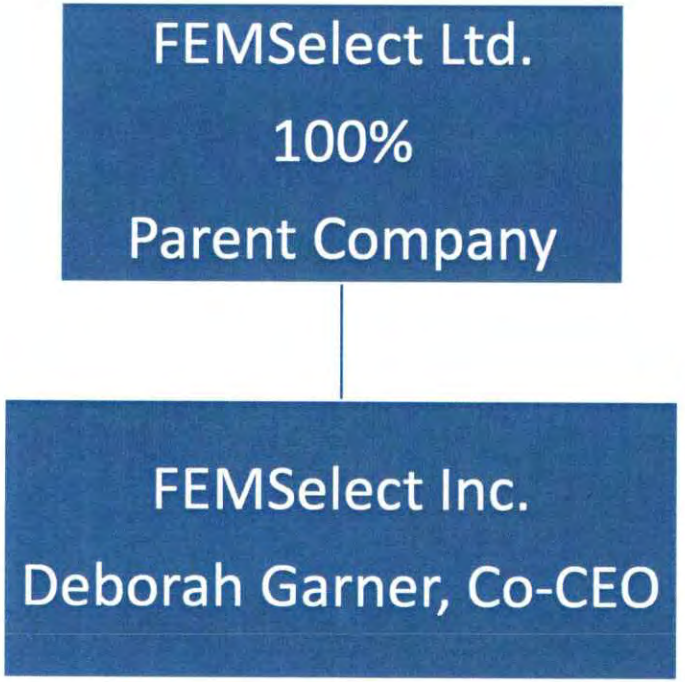
FEMSelect Inc. is maintained with a Controlled Room Temperature (CRT) of 68° F - 77°F and a secure environment that is properly license to meet FDA requirements.

Alarm System is with Johnson Controls Security Solutions which includes Burglar Alarm System, Access, Cards, and Video

Business Hours are 8:30 A.M. – 5:00 P.M. Monday – Friday.

The state of Florida does not regulate nor license the distribution of legend Devices; therefore, no home license.

FEMSelect Inc. – Entity Organization Chart



Ownership Information:

Full Name: Deborah Garner, as 100% sole Manager of FEMSelect, Inc.

Mailing Address: 2261 Market Street, Suite 22341, San Francisco, CA 94114

Phone Number: 215-940-8178

Distribution Address: 951 Clint Moore Rd, Boca Raton, FL 33487

Establishment Registration & Device Listing

New Search | Back To Search Results

Establishment:
FEMSELECT, INC.
951 Clint Moore Rd Ste A
Boca Raton, FL 33487
Status: Active; Awaiting Assignment Of Registration Number
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2024

Owner/Operator:
FemSelect, Inc.
951 Clint Moore Road
Suite A
Boca Raton, FL US 33487
Owner/Operator Number: 10091226

Official Correspondent:
Deborah Garner
951 Clint Moore Road
Suite A
Boca Raton, FL 33487
Phone: 1-215-9408178

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
FEMSELECT, INC.
951 Clint Moore Rd Ste A
Boca Raton, FL 33487
Registration Number: 3031841882
FEI Number*: 3031841882
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2025

Owner/Operator:
FemSelect, Inc.[6]
951 Clint Moore Road
Suite A
Boca Raton, FL US 33487
Owner/Operator Number: 10091226[7]

Official Correspondent:
Deborah Garner
951 Clint Moore Road
Suite A
Boca Raton, FL 33487
Phone: 1-215-9408178

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
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USA.gov

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U.S. Department of **Health & Human Services**

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10091226&OwnerOperatc

7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10091226&OwnerOperatc

List of Employees and Directors:

Chief Executive Officer	Deborah Garner
Chief Financial Officer	Frank Gallagi
Director	Dr. Peter Fitzgerald
Director	Deborah Garner
Director	Volker Berl
Director	Renee Selman
Director	Rakesh Tailor
Designated Representative	Joel Chechik and Matthew Shipley

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FEMSELECT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FEMSELECT INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

6861934 8300

SR# 20253036244

Authentication: 203918191

Date: 06-11-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/19/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Professional Risk Solutions, Inc. 37 Walker Ave. Suite 200 Baltimore MD 21208	CONTACT NAME: Illana Goldfinger PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: igoldfinger@one80.com.com
INSURED FEMSelect, Ltd. f/k/a POP Medical Solutions Ltd HaMa'ayan 2 Modi'in	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Hartford Underwriters Insurance Company — 30104 INSURER B: Medmarc Casualty Insurance Company INSURER C: Hudson Excess Insurance Company INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** CL2581809792 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			30SBABN3ESF	12/30/2024	12/30/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ See Below
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			30SBABN3ESF	12/30/2024	12/30/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			30SBABN3ESF	12/30/2024	12/30/2025	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
B	Product Liability			25ISR380008	08/01/2025	08/01/2026	Each Occurence Aggregate	5,000,000 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

C - Products Excess HXP 1002310 02 08/01/2025-08/01/2026 $5M / $5M

CERTIFICATE HOLDER

Evidence of Coverage

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Florida dbpr Department of Business & Professional Regulation

Office of the General Counsel
Division of Drugs, Devices and Cosmetics
2601 Blair Stone Road
Tallahassee, Florida 32399-1047
Phone: 850.717.1800 • Fax: 850.414.8240

Melanie S. Griffin, Secretary

Ron DeSantis, Governor

September 5, 2024

FEMSelect Inc.

To whom it may concern:

The following statutes may be relevant regarding medical devices:

Section 499.01(1)(o), Florida Statutes, requires a permit for any person or establishment that intends to operate as a device manufacturer. Section 499.01(2)(o), Florida Statutes, provides, in part that a medical device manufacturer permit is required for any person that engages in the manufacture, repackaging, or assembly of medical devices for human use in this state, except that a permit its not required if the person does not manufacture, repackage, or assemble any medical devices or components for such devices, except those devices or components which are exempt from registration pursuant to Section 499.015(8).

Section 499.015(8), Florida Statutes, provides, in part that a manufacturer of medical devices that is registered with the Food and Drug Administration is **exempt** from this section if the manufacturer's medical devices are approved for marketing by, or listed with the federal Food and Drug Administration in accordance with federal law for commercial distribution; or the manufacturer subcontracts with a manufacturer of medical devices to manufacture components of such devices.

Additionally, the Department does not require a permit to distribute medical devices.

Please reach out if you have any questions.

Anastasia Morrow
Assistant General Counsel
Office of the General Counsel
Florida Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399

- "FTP" File Transfer Protocol

Does my company need a permit?

DDC permitting requirements as regards drugs, (medical) devices and cosmetics fall into two main categories:(a) manufacturing and repackaging of drugs, medical devices and cosmetics conducted in Florida, and (b) distributing drugs, medical devices and cosmetics in and into Florida.

Activity Description	Location	Permit (Generally) Required under Chapter 499?
Manufacturing a Drug, Device or Cosmetic	In Florida	Yes
Repackaging a Drug, Device or Cosmetic	In Florida	Yes
Distributing a Prescription Drug	In or Into Florida	Yes
Distributing an Over-the-Counter Drug	In or Into Florida	No
Distributing a Device	In or Into Florida	No
Distributing a Cosmetic	In or Into Florida	No

- What is a "drug", "device", or "cosmetic"?

Refer to Section 499.003, Florida Statutes: http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0499/Sections/0499.003.html (http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0499/Sections/0499.003.html)

TRAVELERS

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 108283882

Application/License No. _____

FEMSELECT, INC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 951 CLINT MOORE, BOCA RATON, FL 33487 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of CONNECTICUT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 28, 2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this **05** day of **June**, **2025**.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Travelers Casualty and Surety Company of America

Mary Madanat

Surety Company's Representative

Mary Madanat, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Taila Hession

Witness

Thom Nguyen

Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2(

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site FEMSelect Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 951 Clint Moore Road

City Boca Raton State FL Zip 33487

Mailing Address (if different from physical address) 2261 Market Street, Suite 22341

City San Francisco State CA Zip 22341

Telephone 215-940-8178 Website www.femselect.com

Licensing Company Email 951LICENSE@RHCL3PL.COM

Section 2: Personal Information

First Deborah Middle Joy Last Garner

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip 02459

Telephone [redacted] Email debbie@femselect.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Wharton School of University of Pennsylvania		09/1996 - 05/1998	
Address	**City**	**State**	**Zip**
3733 Spruce Street	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Harvard College		09/1986 - 06/1990	
Address	**City**	**State**	**Zip**
86 Brattle Street	Cambridge	MA	02138
Diploma/Degree obtained, if any			
Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
Newton South High School		09/1982 - 06/1986	
Address	**City**	**State**	**Zip**
140 Brandeis Road	Newton	MA	02459
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2016 - Current	[redacted]	[redacted]	[redacted]	02459
From - To (MM/YY – MM/YY)				Zip
01/2024 - 01/2016				02459
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
FEMSelect, Ltd.			03/16 - Current
Business Address	**City**	**State**	**Zip**
2 HaMa'ayan Street	Modi'in, HaMerkaz	Israel	
Phone	**Title**		
215-940-8178	CO-CEO		
Description of Duties			
Director of Board			

Business Name			From - To (MM/YY – MM/YY)
FEMSelect, Inc.			04/18 - Current
Business Address	**City**	**State**	**Zip**
2261 Market Street, Suite 22341	San Francisco	CA	22341
Phone	**Title**		
215-940-8178	CO-CEO		
Description of Duties			
Co-CEO & Officer			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Deborah, Garner

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/15/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach.

I, Deborah Garner., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/15/2025.

Date

Subscribed and Sworn to before me this 15th day of July 2025.

Notary Public Signature

NOTARY PUBLIC STATE OF FLORIDA

LIZBETH HERNANDES
Commission # HH 334149
Expires November 20, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler FEMSelect Inc.

Pharmacy/Wholesaler License # (if applicable)

Physical Address 951 Clint Moore Road

City Boca Raton State FL Zip 33487

Mailing Address (if different from physical address) 2261 Market Street, Suite 22341

City San Francisco State CA Zip 22341

Telephone 215-940-8178 Website www.femselect.com

Licensing Company Email 951LICENSE@RHCL3PL.COM

Section 2: Personal Information

First Matthew Middle Harris Last Shipley

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip 33487

Telephone [redacted] Email mshipley@rhcl3pl.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Florida Gulf Coast University		08/2013 - 12/2017	
Address	**City**	**State**	**Zip**
10501 FGCU Blvd	Fort Myers	FL	33965
Diploma/Degree obtained, if any			
Bachelor			
School Name		From - To (MM/YY – MM/YY)	
River Hill Highschool		08/2009 - 06/2013	
Address	City	State	Zip
12101 Clarksville Pike	Clarksville	MD	21029
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2023 - Present	[redacted]	[redacted]	[redacted]	33435
From - To (MM/YY – MM/YY)				Zip
01/2022 - 01/2023				33441
From - To (MM/YY – MM/YY)				Zip
07/2013 - 01/2022				33021
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
FEMSelect Inc.			09/2025 - Current	
Business Address		**City**	**State**	**Zip**
951 Clint Moore Road		Boca Raton	FL	33487
Phone	**Title**		**Number of Employed Hours**	
561-998-3885	Designated Representative for FEMSelect Inc.		88	
Description of Duties				
Oversee daily logistics operations				

Business Name			From - To (MM/YY – MM/YY)	
Reliable HealthCare Logistics, LLC			08/2022 - 08/2025	
Business Address		**City**	**State**	**Zip**
951 Clint Moore Road, Suite A		Boca Raton	FL	33487
Phone	**Title**		**Number of Employed Hours**	
561-998-3885	Logistics / Account Coordinator Manager		6,312	
Description of Duties				
Oversee daily logistics operations				

Business Name			From - To (MM/YY – MM/YY)	
Woodfield Distribution, LLC			12/2021 - 08/2022	
Business Address		**City**	**State**	**Zip**
6500 Park of Commerce Blvd		Boca Raton	FL	33487
Phone	**Title**		**Number of Employed Hours**	
561-998-3885	Logistics Manager		1,512	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/16/25
Date

I, Matthew Shipley, **certify that as the designated representative for**

FEMSelect Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MS I am at least 21 years of age;
3. MS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Matthew Shipley

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/16/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Matthew Shipley

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/16/25

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach.

I, Matthew Shipley, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/16/25

Date

Subscribed and Sworn to before me this 16th day of September, 2025.

Notary Public Signature

LIZBETH HERNANDES
Commission # HH 334149
Expires November 20, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: FEMSelect Inc. MDEG License # (if applicable): _____

Physical Address: 951 Clint Moore Road

City: Boca Raton State: FL Zip: 33487

Mailing Address (if different from physical address): 2261 Market Street, Suite 22341

City: San Francisco State: CA Zip: 22341

Telephone: 215-940-8178 Website: www.femselect.com

Licensing Company Email: 951LICENSE@RHCL3PL.COM

Section 2: Personal Information

First: Matthew Middle: Harris Last: Shipley

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: 33487

Telephone: [redacted] Email: mshipley@rhcl3pl.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Florida Gulf Coast University		08/2013 - 12/2017	
Address	**City**	**State**	**Zip**
10501 FGCU Blvd	Fort Myers	FL	33965
Diploma/Degree obtained, if any			
Bachelor			

School Name		From - To (MM/YY – MM/YY)	
River Hill Highschool		08/2009 - 06/2013	
Address	**City**	**State**	**Zip**
12101 Clarksville Pike	Clarksville	MD	21029
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2023 - Present	[redacted]	[redacted]	[redacted]	33435
From - To (MM/YY – MM/YY)				Zip
01/2022 - 01/2023				33441
From - To (MM/YY – MM/YY)				Zip
07/2013 - 01/2022				33021
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: FEMSelect Inc.				From - To (MM/YY – MM/YY): 09/2025 - Current
Business Address: 951 Clint Moore Road		City: Boca Raton	State: FL	Zip: 33487
Phone: 561-998-3885	Title: Designated Representative for FEMSelect Inc.			Number of Employed Hours: 88
Description of Duties: Oversee daily logistics operations				

Business Name: Reliable HealthCare Logistics, LLC				From - To (MM/YY – MM/YY): 08/2022 - 08/2025
Business Address: 951 Clint Moore Road, Suite A		City: Boca Raton	State: FL	Zip: 33487
Phone: 561-998-3885	Title: Logistics / Account Coordinator Manager			Number of Employed Hours: 6,312
Description of Duties: Oversee daily logistics operations				

Business Name: Woodfield Distrbution, LLC				From - To (MM/YY – MM/YY): 12/2021 - 08/2022
Business Address: 6500 Park of Commerce Blvd		City: Boca Raton	State: FL	Zip: 33487
Phone: 561-998-3885	Title: Logistics Manager			Number of Employed Hours: 1,512
Description of Duties:				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			Number of Employed Hours:
Description of Duties:				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			Number of Employed Hours:
Description of Duties:				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/16/25
Date

I, Matthew Shipley, **certify that as the MDEG Administrator for**

FEMSelect Inc.,

that I (initial that you have read and meet the following requirements):

1. MS Have a high school diploma or its equivalent;
2. MS Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MS Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Matthew Shipley
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/10/25
Date

Board Use Only	Date Received:

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

FEMSELECT INC.

Nevada Business Identification # NV20243186514
Expiration Date: 08/31/2025

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/22/2024.

Certificate Number: B202408224896535
You may verify this certificate online at https://www.nvsilverflume.gov/home

FRANCISCO V. AGUILAR
Secretary of State

SECRETARY OF STATE

STATE OF NEVADA

FOREIGN CORPORATION (80) QUALIFICATION

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **FEMSELECT INC.** did on **08/22/2024** file in this office its Qualification to do Business in this State and is now on file and of record in the office of the Nevada Secretary of State, and further, that said corporation is at the date of this Certificate duly qualified to exercise therein all the powers recited in its Articles and to transact business in the State of Nevada in accordance with the laws of said State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/22/2024.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202408224896534
You may verify this certificate online at https://www.nvsilverflume.gov/home

		FEMSelect Inc.		
		Medical Devices, Currently Storing and Distributing from Boca 951 & TX		
State Name	**State Abbreviation**	**License Number**	**Expiration Dates**	**License Category**
ARIZONA	AZ	W003955	10/31/2026	Wholesaler
ARKANSAS	AR	WD06029	12/31/2026	Wholesale Distributor of Legend Devices
CONNECTICUT	CT	CSW.0005534	6/30/2026	Wholesale of Drug, Cosmetics & Medical Devices
IDAHO	ID	5561578	12/31/2025	Wholesaler of LMD Registration
LOUISIANA	LA	11329	12/31/2025	Distributor of Legend Devices
NEW HAMPSHIRE	NH	08320	5/20/2027	MAN/DIS/WHOLE/BOKER
NEW YORK	NY	041509	12/31/2027	Wholesaler
OREGON	OR	DDA-0000744	9/30/2025	Distributor Agent
PENNSYLVANIA	PA	6000010896	8/31/2025	Distributor of Legend Devices
SOUTH CAROLINA	SC	PY. 22817 PVW	6/30/2026	Non-Resident Virtual Wholesale
TENNESSEE	TN	00010748	9/30/2026	Wholesaler / Distributor
TEXAS	TX	1003582	9/25/2026	Device Distributor

An official website of the United States government Here's how you know

FDA

Wholesale Distributor and Third-Party Logistics Provider Reporting

About this Database | Back to Search Page

Search Results for *"FEMSelect"*

Showing 1 to 10 of 10 entries Show 50 entries

Facility Name	Facility Type	License Number	License State	License Expiration Date	Reporting Year	Address	Facility Contact Name	Facility Contact Email
Femselect, Inc	WDD	WD06029	US-AR	12-31-2026	2025	951 Clint Moore Road Boca Raton FL	Deborah Garner	951license@rhcl3pl.com
Femselect, Inc	WDD	W003955	US-AZ	10-31-2026	2025	951 Clint Moore Road Boca Raton FL	Deborah Garner	951license@rhcl3pl.com

Facility Name	Facility Type	License Number	License State	License Expiration Date	Reporting Year	Address	Facility Contact Name	Facility Contact Email
Femselect, Inc	WDD	CSW.0005534	US-CT	06-30-2025	2025	951 Clint Moore Road Boca Raton FL	Deborah Garner	951license@rhcl3pl.com
Femselect, Inc	WDD	5561578	US-ID	12-31-2025	2025	951 Clint Moore Road Boca Raton FL	Deborah Garner	951license@rhcl3pl.com
Femselect, Inc	WDD	11329	US-LA	12-31-2025	2025	951 Clint Moore Road Boca Raton FL	Deborah Garner	951license@rhcl3pl.com
Femselect, Inc	WDD	041509	US-NY	12-31-2027	2025	951 Clint Moore Road Boca Raton FL	Deborah Garner	951license@rhcl3pl.com
Femselect, Inc	WDD	6000010896	US-PA	08-31-2025	2025	951 Clint Moore Road Boca Raton FL	Deborah Garner	951license@rhcl3pl.com
Femselect, Inc	WDD	PY.22817PVW	US-SC	06-30-2025	2025	951 Clint Moore Road Boca Raton FL	Deborah Garner	951license@rhcl3pl.com
Femselect, Inc	WDD	00010748	US-TN	09-30-2026	2025	951 Clint Moore Road Boca Raton FL	Deborah Garner	951license@rhcl3pl.com

Facility Name	Facility Type	License Number	License State	License Expiration Date	Reporting Year	Address	Facility Contact Name	Facility Contact Email
Femselect, Inc	WDD	1003582	US-TX	09-25-2026	2025	951 Clint Moore Road Boca Raton FL	Deborah Garner	951license@rhcl3pl.com

Previous 1 Next

4S

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Geodis Logistics LLC

Physical Address: 1801 Innovation Blvd

City: Clayton State: IN Zip: 46118

Mailing Address (if different from physical address): 7101 Executive Center Dr

City: Brentwood State: TN Zip: 37027

Telephone: 615-401-6400 Website: www.geodis.com

Name of Designated Representative (DR): Rachael Blackburn

Licensing Company Email: licensing.cl.us@geodis.com DR Email: rachael.blackburn@geodis.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☒ Others: Non-prescription Drugs	☒ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Please see attached

Rachael B
Original Signature (electronic, copies or stamps not accepted)

10/16/25
Date

Disciplinary History

800 SW Jackson St., Suite 1414
Topeka, KS 66612

Kansas
Board of Pharmacy

Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@ks.gov
www.pharmacy.ks.gov

Alexandra Blasi, Executive Secretary

Laura Kelly, Governor

December 9, 2021

Geodis Logistics LLC
Attn: Kendra Lovett, Designated Rep
1801 Innovation Blvd
Clayton IN 46118

RE: Case No. 21-263

Dear Ms. Lovett:

Enclosed you will find a Summary Order issued by the Kansas Board of Pharmacy (Board) in the above-referenced matter. Please read the order in its entirety. In addition, a civil fine has been assessed totaling $3,170. Please submit a check or money order made payable to the Kansas Board of Pharmacy and include your case number in the check memo.

If you disagree with the findings of fact, you have the right to request a hearing. Instructions for filing a written request are included under the "Notices" section of the order. Hearings are held before the full Board during their regularly scheduled quarterly meetings.

According to KSA 65-1627h, the Board is required to recoup the costs of administrative hearings when the decision is adverse to the licensee. These costs may include charges for services rendered by the Board's disciplinary counsel, an administrative law judge, and, if applicable, a court reporter.

If you have any questions, feel free to contact the Board at Pharmacy.Compliance@ks.gov.

Sincerely,

Kansas Board of Pharmacy

Enclosure

BEFORE THE KANSAS STATE BOARD OF PHARMACY

In the Matter of	)	
	)	Case No. 21-263
Geodis Logistics, LLC	)	
	)	
Applicant	)	

SUMMARY ORDER

NOW, on this 9th day of December 2021, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Secretary, the matter of Geodis Logistics LLC. ("Applicant"), for application for registration as a non-prescription drug third-party logistics provider in the state of Kansas.

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board enters this Summary Order in the above-captioned matter. After reviewing the application materials and being otherwise duly advised in the premises, the Board makes the following findings, conclusions, and order:

FINDINGS OF FACT

1. On October 15, 2021, the Board received Applicant's application for registration as a nonprescription drug third-party logistics provider in the State of Kansas ("Applicant's Application") at the following location: 1801 Innovation Blvd, Clayton, Indiana.

1. On Applicant's Non-Resident Supplemental S-350 form, Applicant answered "Yes" to the following question: "Has the facility listed on the application shipped drugs and/or devices into Kansas in the previous 12 months." The form directs that if the applicant answered "yes," the applicant should provide the specific drugs and/or devices sent in, the dates of shipment, and the

locations they were sent in Kansas."

2. In conjunction with Applicant's Application, Applicant provided requested copies of shipping records for products shipped into Kansas. Applicant reported shipping into Kansas on 267 unique days during the previous 12-month period.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1627(f)(6), the Board may take action against the application of any third-party logistics provider upon a finding that the applicant has violated the pharmacy act of the state of Kansas or any regulation adopted by the Board.

3. Pursuant to K.S.A. 65-1643(d), it shall be unlawful for any person to operate as a third-party logistics provider without first obtaining a registration from the Board.

4. Applicant's act of shipping into Kansas prior to being registered as a nonprescription drug third-party logistics provider is a violation of K.S.A. 65-1643(d) and is a basis to take action against Applicant's Application pursuant to K.S.A. 65-1627(f)(6).

ORDER

Based upon the foregoing findings of fact and conclusions of law, Applicant's Application is hereby GRANTED but Applicant is ordered to pay a fine to the Board in the amount of $3,170. Applicant has 30 days from the date of this order to pay the fine and the registration shall be issued upon receipt.

NOTICES

Applicant is hereby notified as follows:

1. Applicant may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231, within 15 days after service of this Order. If the outcome of the hearing is adverse to Applicant, costs of the proceedings shall be charged to Applicant.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within 15 days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to K.S.A. 77-613. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

12/9/2021
Date

Alexandra Blasi, JD, MBA
Executive Secretary
Kansas Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 9th day of December 2021, deposit in business mail a copy of the foregoing Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

Geodis Logistics LLC
1801 Innovation Blvd
Clayton IN 46118

Kansas Board of Pharmacy Staff

Full Details of Disciplinary Action

In 2018, IQVIA, which is a state licensing vendor, was hired as a state licensing vendor for Geodis Logistics LLC and oversaw initiating, renewing, and monitoring all of Geodis' state licensing needs for drug and medical device licensing.

In April of 2019, IQVIA was tasked to complete state licensing for Geodis Logistics LLC located at 1801 Innovation Blvd., Clayton, IN 46118 for nonprescription drugs. Geodis Logistics LLC was under the impression the task had been initiated by IQVIA and therefore started shipping into KS not knowing the application had not been sent.

In 2020, KS switched from providing a Wholesaler license to third party logistics providers and moved to licensing third party logistics providers separately.

On 10/14/2021 a Nonprescription Drug Third Party Logistics Provider application for the facility located at 1801 Innovation Blvd., Clayton, IN 46118 was mailed to the state of KS.

On the application's Non-Resident Supplemental S-350 form, Geodis truthfully answered "Yes" to the following question: "Has the facility listed on the application shipped drugs and/or devices into Kansas in the previous 12 months." The form states if the applicant answered "yes," the applicant should provide the specific drugs and/or devices sent in, the dates of shipment, and the locations they were sent in Kansas." Included with the Application, Geodis provided requested copies of shipping records for products shipped into Kansas. The records show Geodis Logistics LLC shipped into Kansas on 267 unique days during the previous 12-month period.

On December 9, 2021, the Kansas Board of Pharmacy issued Geodis Logistics LLC a Summary Order for shipping into Kansas prior to being registered as a nonprescription drug third-party logistics provider and ordered Geodis Logistics LLC to pay a fine to the Board in the amount of $3,170.

On December 16, 2021, the KS Summary Order was brought to the attention of Geodis Logistics LLC by IQVIA. After discussion with IQVIA, it was concluded IQVIA would cover the fee due to failure to process Geodis' Nonprescription Drug Third Party Logistics Provider application with the KS Board of Pharmacy.

On January 20, 2022, the fee/check was sent to KS Board of Pharmacy by IQVIA on behalf of Geodis Logistics LLC and the KS registration was issued.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Impact Innovations LLC
Address: 138 NW 16th St, City: Boca Raton State: FL Zip: 33432
Name: Infirst Healthcare Inc
Address: 8 Church Ln City: Westport State: CT Zip: 06880
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Tennessee
Parent Company (if any): Ozburn-Hessey Holding Company, LLC
Corporation/Organization Name: Geodis Logistics LLC
Mailing Address: 7101 Executive Center Dr
City: Brentwood State: TN Zip: 37027
Telephone: 615-401-6400 Email: licensing.cl.us@geodis.com
Contact Person Name: Mark Vane

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Geodis Logistics LLC

Facility Name

Rachael Blackburn

Print Name of Authorized Person Submitting Application

Rachael B

Original signature of Authorized Person (copies or stamps not accepted)

6/16/25

Date

Board Use Only	Date Received: 9/18/25	Amount: $1000.00

Proof of FDA Registration

An official website of the United States government Here's how you know

FDA

Home > Drug Establishments > DECRS > Search Result

Share Tweet LinkedIn Email Print

Drug Establishments Current Registration Site

New Search

Search Results for *Geodis*

Showing 1 to 3 of 3 entries Show ent

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Registration Expiration Date
Geodis Logistics LLC	2000004234	116937615	PACK; RELABEL; REPACK	1801 INNOVATION BLVD, CLAYTON, Indiana (IN) 46118, United States (USA)	12/31/2025
Geodis Logistics LLC	2000004234	117711757	PACK; RELABEL; REPACK	1716 Innovation Blvd, Clayton, Indiana (IN) 46118-9524, United States (USA)	12/31/2025
Geodis Logistics LLC	3012894471	058253044	RELABEL; REPACK	1004 Trade Center Pkwy Ste 100, Rincon, Georgia (GA) 31326, United States (USA)	12/31/2025

Previous 1 Next

Data Current Through: Friday, Aug 08, 2025

New Search

List of Officers

GEODIS LOGISTICS LLC
7101 Executive Center Drive
Brentwood, TN 37027
(615)401-6400
Organized in Tennessee on 02/08/1996

Sole Member, Parent Company, and 100% Owner is Ozburn-Hessey Holding Company, LLC

Officers:

Laura Ritchey - President and CEO
7101 Executive Center Drive
Brentwood, TN 37027

Jeremy Wright - EVP & Chief Financial Officer
7101 Executive Center Drive
Brentwood, TN 37027

Mark Vane - Chief Legal Officer and Secretary
7101 Executive Center Drive
Brentwood, TN 37027

TN Good Standing Details

Details

GEODIS LOGISTICS LLC

Entity Type: Limited Liability Company (LLC)
Formed in: TENNESSEE
Term of Duration: Perpetual
Managed By: Board Managed
Series LLC: No
Number of Members: 6 or less
Status: Active
Control Number: 000307202
Initial Filing Date: 2/8/1996 3:48:00 PM
Fiscal Ending Month: December
AR Due Date: 04/01/2026
Obligated Member Entity: No

Registered Agent
CORPORATION SERVICE COMPANY
2908 POSTON AVE
NASHVILLE, TN 37203-1312
Principal Office Address
7101 EXECUTIVE CENTER DR SUITE 333
BRENTWOOD, TN 37027-3283
Mailing Address
7101 EXECUTIVE CENTER DR SUITE 333
BRENTWOOD, TN 37027-3283

Details

GEODIS LOGISTICS LLC

Entity Type: Limited Liability Company (LLC)
Formed in: TENNESSEE
Term of Duration: Perpetual
Managed By: Board Managed
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Status: Active
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CORPORATION SERVICE COMPANY
2908 POSTON AVE
NASHVILLE, TN 37203-1312
Principal Office Address
7101 EXECUTIVE CENTER DR SUITE 333
BRENTWOOD, TN 37027-3283
Mailing Address
7101 EXECUTIVE CENTER DR SUITE 333
BRENTWOOD, TN 37027-3283

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GEODIS

Detailed Description

The facility located at 1801 Innovation Blvd., Clayton, IN 46118 currently operates as a third-party logistics provider distributing Non-prescription Drugs, Non-prescription Devices, and Prescription Devices.

The Indiana Professional Licensing Agency does not require third party logistics businesses distributing the products listed to license with the state. Please see Indiana Professional Licensing Agency Statute below:

IC 25-26-14-29Third party logistics provider license requirements

Sec. 29. (a) A third party logistics provider located in another state seeking to engage in third party logistics of legend drugs in Indiana must be licensed with the board.

IC 25-26-14-7"Legend drug"

Sec. 7. As used in this chapter, "legend drug" has the meaning set forth in IC 16-18-2-199. The term includes any human drug required by federal law or regulation to be dispensed only by a prescription, including finished dosage forms and active ingredients subject to 21 U.S.C. 811 through 812. The term does not include a device or a device component, part, or accessory.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/6/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Sandy Gross
Arthur J. Gallagher Risk Management Services, LLC 12444 Powerscourt Drive Suite 500 St. Louis MO 63131	PHONE (A/C, No, Ext): 314-800-2269 FAX (A/C, No): E-MAIL ADDRESS: sandy_gross@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : XL Insurance America, Inc.	24554
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED: GEODLOG-01
GEODIS LOGISTICS LLC
7101 Executive Center Drive, Suite 333
Brentwood, TN 37027

COVERAGES **CERTIFICATE NUMBER:** 1808160333 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	Y	Y	US00108264LI25A	1/1/2025	1/1/2026	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

GEODIS Logistics
1801 Innovation Blvd
Clayton IN 46118

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Craig R Parris

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Surety Bond

MULTI LOCATION SCHEDULE

Current Schedule as of 11/21/2023

LOCATION	ACCOUNT NAME & ADDRESS	BOND AMOUNT
1.	349 Gateway Commerce Center Dr. East Edwardsville, IL 62025	$100,000.00
2.	1004 Trade Center Pkwy, Suite 100 Rincon, GA 31326	$100,000.00
3.	7101 Executive Center Dr Brentwood, TN 37027	$100,000.00
4.	1793 State Route 42 Suite 100 McDonough, GA 30252	$100,000.00
5.	951-959 Willowbrook Rd. Northampton, PA 18067	$100,000.00
6.	1801 Innovation Blvd, Clayton, IN 46118	$100,000.00
7.	9472 Distribution Dr Clayton, IN 46118	$100,000.00

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Fairfield, Ohio B6749120

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY and THE CINCINNATI CASUALTY COMPANY, corporations organized under the laws of the State of Ohio, and having their principal offices in the City of Fairfield, Ohio (herein collectively called the "Companies"), do hereby constitute and appoint

Andrea Ferguson

of NASHVILLE TN
their true and legal Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and deliver on behalf of the Companies as Surety, any and all bonds, policies, undertakings or other like instruments, as follows:

Seven Hundred Thousand Dollars $ 700,000.00

This appointment is made under and by authority of the following resolutions adopted by the Boards of Directors of The Cincinnati Insurance Company and The Cincinnati Casualty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the President or any Senior Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company.

RESOLVED, that the signature of the President or any Senior Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Vice-President and the Seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS WHEREOF, the Companies have caused these presents to be sealed with their corporate seals, duly attested by their President or any Senior Vice President this 16th day of March, 2021.

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Stephen A. Ventre

STATE OF OHIO)SS
COUNTY OF BUTLER)

On this 16th day of March, 2021 before me came the above-named President or Senior Vice President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, to me personally known to be the officer described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of said Companies and the corporate seals and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporations.

Keith Collett, Attorney at Law
Notary Public – State of Ohio
My commission has no expiration date.
Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Vice-President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, hereby certify that the above is the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Power of Attorney is still in full force and effect.

Given under my hand and seal of said Companies at Fairfield, Ohio, this 13th day of June 2025

BN-1457 (3/21)

The Cincinnati Insurance Companies
CHANGE RIDER

To be attached to and form a part of Bond No. B6749120

Executed by Geodis Logistics, LLC

as Principal and by The Cincinnati Insurance Company as Surety,

in favor of Nevada : State Board of Pharmacy

as Obligee for the term beginning 11/21/2023 .

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to revise the information contained in the original bond as follows:

Adding additional locations and increasing bond to $700,000 from $500,000 (see attached schedule of locations)

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated. This rider is effective on the 1st day of July , 2025 .

Geodis Logistics, LLC
Principal

Executed by:

By The Cincinnati Insurance Company
Surety

Andrea Ferguson
Andrea Ferguson Attorney-in-fact

F-650 (7/18)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Geodis Logistics LLC — MDEG License # (if applicable): n/a

Physical Address: 1801 Innovation Blvd

City: Clayton — State: IN — Zip: 46118

Mailing Address (if different from physical address): 7101 Executive Center Dr

City: Brentwood — State: TN — Zip: 37027

Telephone: 317-439-2193 — Website: www.geodis.com

Licensing Company Email: licensing.cl.us@geodis.com

Section 2: Personal Information

First: Rachael — Middle: Marie — Last: Blackburn

Alias(es, nicknames, name changes, etc.): n/a

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Camby — State: IN — Zip: [redacted]

Telephone: 317-439-2193 — Email: rachael.blackburn@geodis.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Decatur Central		08/2003 - 05/2007	
Address	**City**	**State**	**Zip**
5251 Kentucky Ave	Indianapolis	IN	46221
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/20 - Present	[redacted]	Camby	IN	[redacted]
05/19 - 09/20		Martinsville	IN	
04/16 - 05/19		Indianapolis	IN	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Geodis Logistics LLC			10/10 - Present	
Business Address		**City**	**State**	**Zip**
1801 Innovation Blvd		Clayton	IN	46118
Phone	**Title**		**Number of Employed Hours**	
317-439-2193	Operations Manager		26,600	
Description of Duties				
Overall duty of managing, directing, compliance, warehouse operations, staffing, and productivity.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Rachael B

Original Signature (electronic, copies or stamps not accepted)

10/16/25

Date

I, Rachael Blackburn, **certify that as the MDEG Administrator for**

Geodis Logistics LLC,

that I (initial that you have read and meet the following requirements):

1. RB Have a high school diploma or its equivalent;
2. RB Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. RB Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. RB Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rachael Blackburn
Print Name (First, Last)

Rachael B
Original Signature (electronic, copies or stamps not accepted)

6/16/25
Date

Board Use Only	Date Received: 6/18/25

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Geodis Logistics LLC

Pharmacy/Wholesaler License # (if applicable) n/a

Physical Address 1801 Innovation Blvd

City Clayton State IN Zip 46118

Mailing Address (if different from physical address) 7101 Executive Center Dr

City Brentwood State TN Zip 37027

Telephone 317-439-2193 Website www.geodis.com

Licensing Company Email licensing.cl.us@geodis.com

Section 2: Personal Information

First Rachael Middle Marie Last Blackburn

Alias(es, nicknames, name changes, etc.) n/a

Date of Birth [redacted] SSN or ITI [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]

City Camby State IN Zip [redacted]

Telephone 317-439-2193 Email rachael.blackburn@geodis.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Decatur Central		08/2003 - 05/2007	
Address	**City**	**State**	**Zip**
5251 Kentucky Ave	Indianapolis	IN	46221
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/20 - Present	[redacted]	Camby	IN	[redacted]
05/19 - 09/20		Martinsville	IN	
04/16 - 05/19		Indianapolis	IN	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Geodis Logistics LLC			From - To (MM/YY – MM/YY): 10/10 - Present	
Business Address: 1801 Innovation Blvd		City: Clayton	State: IN	Zip: 46118
Phone: 317-439-2193	Title: Operations Manager		Number of Employed Hours: 26,600	
Description of Duties: Overall responsibility of managing, directing, compliance, warehouse operations, staffing, and productivity.				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # n/a. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/10/25
Date

I, Rachael Blackburn, **certify that as the designated representative for**

Geodis Logistics LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RB I am at least 21 years of age;
3. RB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Rachael Blackburn
Print Name (First, Last)

Rachael B
Original Signature (electronic, copies or stamps not accepted)

10/10/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rachael Blackburn

Print Name (First, Last)

Rachael B

Original Signature (electronic, copies or stamps not accepted)

6/17/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Hendricks

I, Rachael Blackburn, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Rachael B

Original Signature

6/17/2025

Date

Subscribed and Sworn to before me this 17 day of June, 2025

Darlene S. Rose

Notary Public Signature

NOTARY PUBLIC - STATE OF INDIANA
SEAL
DARLENE S ROSE
COMMISSION NUMBER NP0681598
MY COMMISSION EXPIRES MARCH 10, 2032

(Seal)

List of Employees

Designated Representative:

Rachael Blackburn, Operations Manager

Licensing Representative:

Brandon Hill, Regulatory Affairs Specialist

Agent:

Corporation Services Company, 112 North Curry Street, Carson City, NV 89703

4T

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Lonza Houston, Inc.

Physical Address: 101 International Drive, Building C (note: this location is part of a single, large facility)

City: Portsmouth State: NH Zip: 03801

Mailing Address (if different from physical address): 101 International Drive

City: Portsmouth State: NH Zip: 03801

Telephone: (603) 610-4500 Website: https://www.lonza.com

Name of Designated Representative (DR): Kevin Kerls

Licensing Company Email: compliance.lonza@gmail.com DR Email: kevin.kerls@lonza.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☑ Dangerous Drugs	☑ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Thermo Fisher Scientific Inc
Address: 168 Third Avenue City: Waltham State: MA Zip: 02451

Name: Danaher Corporation
Address: 2200 Pennsylvania Avenue NW, Suite 800W City: Washington State: DC Zip: 20037

Name: Merck KGAA (Multiple entities are in the US)
Address: Frankfurtur Strasse 250 City: Darmstadt State: Germany Zip: 64293

Name: SARTORIUS AG (North America Address)
Address: 545-1 Johnson Ave City: Bohemia State: NY Zip: 11716

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Lonza Walkersville Inc. (LWI)
Corporation/Organization Name: Lonza Houston, Inc.
Mailing Address: 101 International Drive, Building C
City: Portsmouth State: NH Zip: 03801
Telephone: (603) 610-4807 Email: gwen.terpstra@lonza.com
Contact Person Name: Gwen Terpstra

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Lonza Houston, Inc.

Facility Name

Kevin Kerls

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

28 AUG 2025

Date

Board Use Only	Date Received: 9/9/25	Amount: $1000 CK 1884

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New Search

Search Results for *Lonza Houston*

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Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Registration Expiration Date
Lonza Houston Inc.	3001451441	119479022	ANALYSIS; LABEL; MANUFACTURE; PACK	101 International Drive, Building C, Portsmouth, New Hampshire (NH) 03801, United States (USA)	12/31/2025
Lonza Houston, Inc	3013629214	832903004	ANALYSIS; API MANUFACTURE; LABEL; MANUFACTURE; PACK	14905 Kirby Dr, Houston, Texas (TX) 77047, United States (USA)	12/31/2025

Previous 1 Next

Data Current Through: Thursday, Aug 07, 2025

New Search

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LONZA WALKERSVILLE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LONZA WALKERSVILLE, INC." WAS INCORPORATED ON THE THIRD DAY OF SEPTEMBER, A.D. 1991.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

2272618 8300

SR# 20250806286

Authentication: 203041937

Date: 02-27-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

Making the Medicines of Tomorrow

Lonza

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

Gwen Terpstra
Regulatory Affairs Manager

Lonza Houston Inc.
101 International Drive
Portsmouth, NH 03801
United States of America

gwen.terpstra@Lonza.com
Phone: +1 (603) 610-4807

Portsmouth, NH, 18 August 2025

Officers List

Dear Reviewer,

This is a declaration of the list of all officers for Lonza Houston, Inc as required for the Nevada State Board of Pharmacy Application for Wholesalers. Officers may hold multiple titles. All individuals listed in the table have a business address of 412 Mt. Kemble Avenue, Suite 200S, Morristown, NJ, 07960, USA.

Name	Title
Kevin Murphy	Director
Bradley G. Luria	Director
Thomas Fellner	Director
Thomas Fellner	President
Bradley G. Luria	Secretary
Kevin Murphy	Vice President – Finance and Treasurer
Mary Hodges	Assistant Vice President
Patrick Fogle	Vice President, Intellectual Property
Sandhya Kowdley	Assistant Vice President, Trademarks & Copyrights
Sebastiano Marinozzi	Vice President
Anthony Branciforte	Vice President
Robert Frost	Vice President
Serken Eroglu	Vice President
Suparna Sanyal	Assistant Vice President
Mark Panaro	Assistant Vice President
Behnam Ahmadian Baghbaderani	Vice President
Emilio Rivera	Vice President

Name	Title
Jules Foster	Vice President
Salvatore Mengine	Vice President
Dominic Gigante	Vice President
Robert Kimmel	Vice President

The information for the entity's owner follows:

Owner
Name of Company: Lonza Walkersville Inc. (LWI)
Percentage Owned: 100%
FEIN: 95-3917176
State of Incorporation: Delaw
Address: 8830 Biggs Ford Road, Walkersville, MD 2179
Phone Number: (301) 898-7025
Fax Number: N/A
Authorized Agent / Representative Name: Philipp Kuenti
Website Address: https://www.lonza.com

Yours sincerely,

Gwen Terpstra
Regulatory Affairs Manager

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that LONZA HOUSTON, INC. is a Delaware Profit Corporation registered to transact business in New Hampshire on June 15, 2023. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **934783**

Certificate Number: **0007256335**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 13th day of August A.D. 2025.

David M. Scanlan

Secretary of State

NEW HAMPSHIRE
OPLC
Office of Professional Licensure and Certification

State of New Hampshire

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

Board of Pharmacy

Pursuant to RSA 310:8, I - this is to certify that

Lonza Houston, Inc.

is licensed to practice as a(n)

MAN/DIST/WHOLE/BROKER

LICENSE NO. 08354

EXPIRATION DATE: 07/16/2027

Always verify licenses online at https://forms.nh.gov/licenseverification/

NEW HAMPSHIRE
OPLC
Office of Professional Licensure and Certification

State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

Board of Pharmacy

Pursuant to RSA 310:8, I - this is to certify that

Lonza Houston, Inc.

is licensed to practice as a(n)

MAN/DIST/WHOLE/BROKER

LICENSE NO. 08354
EXPIRATION DATE: 07/16/2027

State of
New Hampshire
Lonza Houston, Inc.
MAN/DIST/WHOLE/B
ROKER
LIC. NO. 08354
EXP.: 07/16/2027
Place passport size
photograph here

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION

Deanna E. Jurius
Executive Director

Erica E. Lamy
Director

7 EAGLE SQUARE, CONCORD, NH 03301-4980
Telephone: 603-271-2152
TDD Access: Relay NH 1-800-735-2964
www.oplc.nh.gov

July 16, 2025

Lonza Houston, Inc.
101 International Drive
Building C
Portsmouth NH 03801

RE: License Documents Enclosed

Dear Lonza Houston, Inc.:

Congratulations—the Office of Professional Licensure and Certification (OPLC) has issued your professional license! Enclosed please find your license document in three formats: (1) An 8.5 X 11 license, suitable for framing; (2) A 5.8 X 8.3 license (A5); and (3) A 2 X 3 pocket card. You may also purchase a professionally printed Wall Certificate. Information on how to order a Wall Certificate may be found on the OPLC website at the following address: https://www.oplc.nh.gov/request-wall-certificate.

Please note licensees in the following professions are required to display their license:

- **Acupuncture:** Under Acp 502.01(f) (2023), "[a] licensee shall display his or her current New Hampshire acupuncture license at his or her principal place of business and a copy at any other place of business."

- **Alcohol and Other Drug Use Professionals:** RSA 330-C:14, III (2010) provides that "[a]ny person who has been issued a license under this chapter shall conspicuously display such license in the principal place of business for which the license is issued."

- **Barbering, Cosmetology & Esthetics:** Pursuant to RSA 313-A:17 (2001), "[e]very person licensed under [the Board] shall display the license in a conspicuous place adjacent to or near the person's work station." Additionally, under Bar 302.07(y) (2021), "[a] licensee, instructor, or shop apprentice shall attach a current passport photograph to the professional or shop apprentice license upon receipt of the license."

- **Dentists and Dentistry:** Under RSA 317-A:11 (2000), "[a]ny person issued a license under this chapter shall display the license at all times in a conspicuous place in the office where the licensee practices. . . ."

- **Electricians:** RSA 319-C:5, V (2023) provides that "[a] state, city, or town building official or code enforcement officer appointed by the administrative authority of the state, city, or town, who performs electrical inspections authorized in accordance with RSA 155-A:2, IV, RSA 155-A:2, VI, RSA 47:22, or RSA 674:51 shall have the authority to check the license or identification card issued under this chapter."

- **Electrologists:** Pursuant to RSA 314:4 (1995), "[a]ny person who has been issued a license under this chapter shall conspicuously display such license in the office or offices identified on the license."

- **Embalmers and Funeral Directors:** Under RSA 325:21 (1981), "[e]very license shall be . . . conspicuously displayed, at all times, in [the licensee's] place of business or employment."

- **Massage Therapists and Massage Establishments:** Pursuant to Plc 906.01(c) (2018), "[m]assage therapist licenses shall be posted in each office the licensee practices in, or carried on the licensee if the licensee practices massage therapy at locations other than his or her office or offices."

- **Naturopathic Health Care Practice:** RSA 328-E:10-a (2018) provides that "[a]ny person issued a license under this chapter shall display the license at all times in a conspicuous place in the office where the licensee practices. . . ."

- **Ophthalmic Dispensing:** Under RSA 327-A:8 (1990), "[a]ny person who has been issued a certificate of registration . . . shall conspicuously display such certificate in his principal place of business."

- **Optometry:** Pursuant to RSA 327:16 (2000), "[t]he original or a copy of the license renewal must be displayed in a conspicuous place in every office wherein the holder practices optometry. . . ."

- **Pharmacy:** RSA 318:28 (1981) provides: "All licenses as pharmacists shall at all times be conspicuously displayed in the pharmacy where the licensee is engaged as such."

- **Reflexologists, Structural Integrators, and Asian Bodywork Therapists:** Under RSA 328-H:8, V (2022), "[p]ractitioner licenses shall be posted in each office the licensee practices in, or carried on the licensee if the licensee practices at locations other than his or her own office or offices."

Please do not hesitate to contact OPLC Customer Support at (603) 271-2152, should you have questions or need assistance with the above.

Sincerely,

Office of Professional Licensure and Certification

Making the Medicines of Tomorrow

Lonza

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 8952

Gwen Terpstra
Regulatory Affairs Manager

Lonza Houston Inc.
101 International Drive
Portsmouth, NH 03801
United States of America

gwen.terpstra@Lonza.com
Phone: +1 (603) 610-4807

Portsmouth, NH, 26 August 2025

Current SEC Declaration and Personal History Exemption

Dear Reviewer,

The entity under application, Lonza Houston, Inc, does not direct have shareholders. This entity is 100% owned by Lonza Walkersville, Inc as indicated in the flowchart below.

Lonza Group AG, a company incorporated under the laws of Switzerland, has never been listed on any major U.S. stock exchange, including but not limited to the New York Stock Exchange (NYSE) or the NASDAQ Stock Market.

Lonza's shares were available to U.S. investors through an unsponsored American Depositary Receipt (ADR) program, which traded on the Over-the-Counter (OTC) Markets under the ticker symbol LZAGY. This ADR program was initiated by a depositary bank without the direct involvement of Lonza Group AG and was terminated in June 2020 at the company request. As a result, Lonza's ADRs were delisted from the OTC Markets.

It is important to note this termination did not affect Lonza's primary listing on the Swiss Exchange (SIX), where it continues to trade under the ticker symbol LONN.SW. The ADR delisting solely impacted the accessibility of Lonza shares to U.S. investors via ADRs and did not reflect any change in company operations or its listing status in Switzerland.

Information concerning the company financial performance can be found at
https://www.lonza.com/annualreport/2024/

According to disclosure notifications filed with Lonza Group Ltd, the following shareholders held more than 3% of Lonza share capital as of 31 December 2024:

- BlackRock, Inc., New York, NY (USA): 9.85%;
- UBS Fund Management (Switzerland) AG: 6.246%.

The current significant shareholders as well as further disclosure notifications registered in 2024 can be found at the SIX Swiss Exchange disclosure platform.

Yours sincerely,

Gwen Terpstra
Regulatory Affairs Manager

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. CMS0344684

Application/License No. _____

Lonza Houston, Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 101 International Drive, Portsmouth, NH 03801 USA (Address of Applicant/Principal), as PRINCIPAL, and RLI Insurance Company (Surety Company), a corporation organized under the laws of the state of Missouri (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is Harborside 3, 210 Hudson Street, Suite 300, Jersey City, NJ 07311 - 1107 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 21, 2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 21st day of August, 20 25.

APPLICANT/PRINCIPAL
Lonza Houston, Inc.

Authorized Representative

SURETY COMPANY
RLI Insurance Company

Surety Company's Representative

Donna M. Chiancone, Attorney-in-fact
print name

RLI INSURANCE COMPANY CORPORATE SEAL ILLINOIS

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Lori N. Baybutt

Witness Travis Shaffer

DENISE A SAMPSON NOTARY PUBLIC MY COMMISSION EXPIRES 1/26/2027 STATE OF NEW HAMPSHIRE

Countersigned by:

Not Applicable
Nevada Resident Agent

POWER OF ATTORNEY

RLI Insurance Company
Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615
Phone: 800-645-2402

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes executed, but may be detached by the approving officer if desired.

That **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, each an Illinois corporation, (separately and together, the "Company") do hereby make, constitute and appoint:

Travis W. Shaffer, Donna M. Chiancone, Lori N. Baybutt, Kathleen A. Petersen, Laura A. Rickett, jointly or severally

in the City of Camden, State of New Jersey its true and lawful Agent(s) and Attorney(s) in Fact, with full power and authority hereby conferred, to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds and undertakings in an amount not to exceed **Twenty Five Million** Dollars (**$25,000,000.00**) for any single obligation.

The acknowledgment and execution of such bond by the said Attorney in Fact shall be as binding upon the Company as if such bond had been executed and acknowledged by the regularly elected officers of the Company.

RLI Insurance Company and/or **Contractors Bonding and Insurance Company**, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and is now in force, to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

IN WITNESS WHEREOF, the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Sr. Vice President with its corporate seal affixed this 2nd day of July, 2024.

CONTRACTORS BONDING AND INSURANCE COMPANY CORPORATE SEAL ILLINOIS

RLI INSURANCE COMPANY CORPORATE SEAL ILLINOIS

RLI Insurance Company
Contractors Bonding and Insurance Company

By: _____
Eric Raudins — Sr. Vice President

State of Illinois
County of Peoria } SS

On this 2nd day of July, 2024, before me, a Notary Public, personally appeared Eric Raudins, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** and acknowledged said instrument to be the voluntary act and deed of said corporation.

By: _____
Jill A. Scott — Notary Public

JILL A SCOTT
Notary Public
State of Ohio
My Comm. Expires
September 22, 2025

CERTIFICATE

I, the undersigned officer of **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** this 21st day of August, 2025.

RLI Insurance Company
Contractors Bonding and Insurance Company

By: _____
Jeffrey D. Fick — Corporate Secretary

A0058D19

RLI®
P.O. BOX 3967 PEORIA, IL 61612-3967
P: (800)645-2402 E: surety.east@rlicorp.com
RLISURETY.COM

RLI Insurance Company

December 31, 2024

Admitted Assets

Investments:	
Fixed maturities	$ 1,623,131,091
Equity securities	1,673,246,978
Short-term investments	0
Real estate	23,610,523
Properties held to produce income	0
Cash and cash equivalents	100,053,303
Other invested assets	47,767,817
Receivables for securities	275,318
Agents' balances	102,566,673
Investment income due and accrued	13,698,890
Funds held	0
Reinsurance recoverable on paid losses	16,390,360
Federal income taxes receivable	2,852,054
Net deferred tax asset	4,498,328
Guarantee funds receivable or on deposit	162,638
Electronic data processing equipment, net of depreciation	1,319,432
Receivable from affiliates	2,988
Other admitted assets	10,471,819
Total Admitted Assets	$ 3,620,048,212

Liabilities and Surplus

Liabilities:	
Reserve for unpaid losses and loss adjustment expenses	$ 1,043,034,784
Unearned premiums	452,867,199
Accrued expenses	135,095,230
Funds held	590,443
Advance premiums	27,473,420
Amounts withheld	64,224,218
Remittances and items not allocated	3,310,530
Dividends declared and unpaid	20,141
Ceded reinsurance premium payable	28,179,079
Payable for securities	7,894,282
Statutory penalties	367,343
Current federal and foreign income taxes	0
Net deferred tax liability	0
Borrowed money and accrued interest	50,191,167
Drafts outstanding	0
Payable to affiliate	17,707,813
Other liabilities	1,780,541
Total Liabilities	$ 1,832,736,190
Surplus:	
Common stock	$ 10,000,375
Additional paid-in capital	242,451,084
Unassigned surplus	1,534,860,563
Total Surplus	$ 1,787,312,022
Total Liabilities and Surplus	$ 3,620,048,212

State of Ohio
County of Cuyahoga

*The undersigned, being duly sworn, says: That he is the President of **RLI Insurance Company**; that said Company is a corporation duly organized, in the State of Illinois, and licensed and engaged in business in the State of Indiana and has duly complied with all the requirements of the laws of said State applicable of said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under the Act of Congress approved July 1947, 6U.S.C sec. 6-13; and that to the best of his knowledge and belief the above statement is a full, true, and correct statement of the financial condition of the said Company on the 31st day of December 2024.*

Attest:

RLI INSURANCE COMPANY CORPORATE SEAL ILLINOIS

{ Corporate Seal Affixed }

Eric Raudins — Sr. Vice President

Olga S. Happel — Assistant Secretary

Sworn to before me this 3rd day of March, 2025.

JILL A SCOTT
Notary Public
State of Ohio
My Comm. Expires
September 22, 2025

{ Notarial Seal Affixed }

Jill A. Scott — *Notary Public, State of Ohio*

M0058325

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Lonza Houston Inc

Pharmacy/Wholesaler License # (if applicable): 08354 (New Hampshire)

Physical Address: 101 International Dr

City: Portsmouth State: NH Zip: 03801

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: (603) 610-4500 Website: https://www.lonza.com

Licensing Company Email: compliance.lonza@gmail.com

Section 2: Personal Information

First: Kevin Middle: Michael Last: Kerls

Alias(es, nicknames, name changes, etc.): None

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Eaton State: NH Zip: [redacted]

Telephone: [redacted] Email: kevin.kerls@lonza.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
State University of New York at Buffalo		09/94 - 06/99	
Address	**City**	**State**	**Zip**
12 Capen Hall	Buffalo	NY	14260
Diploma/Degree obtained, if any			
Bachelor of Science, Electrical Engineering			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2024 to Present	[redacted]	Eaton	NH	[redacted]
04/2023 to 06/2024		Portsmouth	NH	
01/2022 to 04/2023		Todtnau	Germany	
03/2021-01/2022		Dachenheim	Germany	
09/2017 – 03/2021		Wachenheim	Germany	
04/2007 – 09/2017		Camas	WA	
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Lonza Biologics Inc			05/2023 - Present	
Business Address		**City**	**State**	**Zip**
101 International Dr		Portsmouth	NH	03801
Phone	**Title**		**Number of Employed Hours**	
(603) 610-4500	Executive Site Director and Head of MSAT		~ 4,800	
Description of Duties				
Site Head: Leading all site functions to achieve the mission of delivering GMP drug substance and cell therapy products to customers. MSAT Head: Led MSAT team of engineers and scientists in the Lonza Biologics Inc operations				

Business Name			From - To (MM/YY – MM/YY)	
Roche Diagnostics GmbH			09/2017- 04/2023	
Business Address		**City**	**State**	**Zip**
Sandhofer Strasse 116		Mannheim	Germany	68305
Phone	**Title**		**Number of Employed Hours**	
+49 0621 7590	Various (described below)		~ 11,350	
Description of Duties				
Head of End to End Product Performance, Managed business operations and strategy; Head of Production, Led sterile operations and finished goods team; Head of Manufacturing Science, Led manufacturing science and engineering				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

08/18/2025
Date

I, Kevin Kerls, certify that as the designated representative for Lonza Houston Inc,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. X KK I am at least 21 years of age;
3. X KK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X KK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X KK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X KK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X KK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kevin Kerls

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/13/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kevin Kerls

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/18/2025

Date

Please have this section completed in the presence of a Notary Public.

State of NEW HAMPSHIRE, ss. County of STRAFFORD

I, KEVIN KERLS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

08/18/2025

Date

Subscribed and Sworn to before me this 18 day of AUGUST.

Notary Public Signature

DENISE A SAMPSON
NOTARY PUBLIC
MY COMMISSION EXPIRES 1/26/2027
STATE OF NEW HAMPSHIRE
(Seal)

Employee List By Worker Name and Title

Aaron Chung	Senior Manufacturing Associate
Aaron Dodge	Technical & GMP Training Business Partner
Aaron McKenna	Logistics Specialist I-Warehouse
Aaron Mercier	Associate Director, Business Development
Aaron Murphy	Senior Specialist, QC
Aaron Thibaudeau	Maintenance Planner Level 2
Abbigail Downer	Process Technical Writer 3
Abhinit Kothari [C]	Praktikant/Contractor
Abigail Haswell	Deviation Investigation Writer Level 3
Abigail Lindsey (On Leave)	Manufacturing Associate II
Abigail Perkins	Scheduler
Abigail Salzberg	Manufacturing Associate Level 1
Abisha Vadukoot [C]	Intern
Adam Bray	Supervisor, Manufacturing
Adam Brewer	Senior Biotechnologist
Adam Butler	Logistics Specialist I-Warehouse
Adam Catrambone	MES Engineer 2
Adam Driver	Manufacturing Associate Level 3
Adam Foster	QA Specialist III-Operations
Adam Gray [C]	Contingent Workers
Adam Guerrette [C]	Contractor - Decco
Adam Guy	QC Analyst I-Immunology
Adam Hall	Director-Quality Operations
Adam Harding	Supervisor, Quality Analytical Testing Services
Adam Hawk	Manufacturing Associate Level 1

Adam LeBouef	MES Engineer
Adam Macfarland [C]	Contingent Workers
Adam Pivacek	Manufacturing Associate III
Adam Robichaud | Adam Robichaud	Biotechnologist I
Adam Smolag	MSAT Senior Associate Scientist
Adam Thurston	Manager, Supply Planner
Addie Miller	QC Analyst III - Technical Transfer
Adel Ahadimajdabadi	Logistics Specialist I-Shipping
Adolfo Diaz	Scientist II, Quality Control Analytical - LSA
Adrian de Jesus Matos Caba [C]	Contingent Workers
Ahmad Hamdi	Manufacturing Associate Level 2
Aidan Chan	Manufacturing Associate Level 1
Aidan Dubay	Manufacturing Associate Level 2
Aidan Koornneef [C]	Contingent Workers
Aidan Lynch [C]	Biotechnologist Associate
Aidan Whitmore (On Leave)	Manufacturing Associate Level 1
Aihua He	Vacaville Integration Workstream Team - QC
Aisling Fennell	MSAT Scientist I
Ajay Manohar [C]	Contingent Workers
Akshay Bhalerao	Senior Regulatory Affairs Professional
Alan Brown	Sr. Manufacturing Associate I
Alan Greenberg [C]	Accounts Payable Supervisor
Alan Letourneau	Facilities Maintenance Specialist
Alan Roth	Project Engineer
Alba Soto	Biotechnologist 3
Albert Chap [C]	Contingent Workers
Albert Puglisi	QA Specialist III-Operations
Alec Gende	Control Systems Engineer 2

Alec LeBorgne (On Leave)	Biotechnologist Level III
Alec Mercier-Patterson	Senior Biotechnologist
Alec Sehr	Manufacturing Associate Level 2
Alesia Weiner	Senior Program Manager, Associate Director
Alex Beaulieu	Senior Manufacturing Associate 2
Alex Gialluca [C]	Praktikant/Contractor
Alex Lombardi	QA Specialist III-Operation OTF
Alex Scalzo [C]	Validation Engineer
Alex Sexton [C]	Praktikant/Contractor
Alex Suarez	Manufacturing Associate Level 3
Alexa Jusczak [C]	Contingent Workers
Alexa Simone [C]	Manufacturing Operator I
Alexander Cheung I Alex Cheung	QC Analyst I-Chromatography
Alexander de Jesus I Alex de Jesus	Biotechnologist Level 3
Alexander Demers	MSAT Scientist II
Alexander Ellsworth I Alex Ellsworth	Logistics Specialist II-Dispensing
Alexander Fitzgerald [C]	Intern
Alexander Flood	Manufacturing Associate Level 3
Alexander Gagnon I Alex Gagnon	Site Materials Requirements Planner
Alexander Hackathorn	Senior Aseptic Training Specialist
Alexander Higgins-Turner	Manufacturing Associate Level 1
Alexander Van Blake [C]	Intern
Alexander White	Calibration Specialist LVL 4
Alexandra Jackson I Alexandra Jackson	Manager, Manufacturing
Alexandra Mendoza [C]	Intern
Alexandra Pop [C]	Contingent Workers
Alexandra Roberts	Technical and GMP Training Business Partner
Alexandrea Dustin	Associate Director, GE Life Cycle Engineering

Alexandria Caliguire [C]	Contingent Workers
Alexis Berndt	MSAT Scientist III
Ali Imad Eddine Mammar	Manufacturing Associate Level 1
Ali Wood [C]	Praktikant/Contractor
Alicia Bailey	Manufacturing Associate Level 1
Alicia Namakula	Manufacturing Associate Level 1
Alisha Rowe	QC Analyst III-Microbial Control
Alison Guerrero | Alison Williams	QA Manager, Project Delivery Americas
Alketa Xhaferi [C]	Contingent Workers
Alla Marie	Sr. ERP Process/ Data Management Specialist
Allegra Schejtman	Manufacturing Associate Level 3
Allison Ash	Biotechnologist III
Allison Zaets [C]	Contingent Workers
Allyson Gallant	MSAT Data Scientist
Allyson McAllister	Manufacturing Suite Point of Contact
Allyson Palleo	Associate Director, Quality Control Technical Transfer
Alobner Alexander [C]	Contingent Workers
Alta Godfrey	Manufacturing Associate Level 1
Alyssa Arathorn	Manufacturing Associate Level 1
Alyssa Levine	Lab Scientist I
Amanda Andrews [C]	Contingent Workers
Amanda Arneil [C]	Contractor
Amanda Brand	Business Analyst, Supply Chain
Amanda Dunning	Logistics Specialist II-Warehouse
Amanda Edmonson	QC Specialist II-Stability
Amanda Gallant	Senior Buyer 2
Amanda Klein	QA Compliance Specialist 3
Amanda Nuernberg [C]	Contingent Workers

Amanda Vallone	Supply Planner & Scheduler
Amanda Young	QC Analyst III-Chromatography
Amber Bailey [C]	Contingent Workers
Amber Lynn Arsuaga Cakay | Amber Lynn Arsuaga	QC Analyst II-Microbial Control
Amie Mehrotra	Global Biologics Digital Product Owner Lead
Amy Buxton Jewell | Amy Buxton	Facilities, MRO Inventory Coordinator Lvl 3
Amy Denton	QC Specialist IV-Systems
Amy Lam	Biotechnologist II
Amy O'Connell	Communications Specialist 1
Amy Thompson	Sr Manufacturing Project Specialist
Ana Sofia Vesho	QC Analyst 2
Ana Zajac | Ana Zajac	Deviation Investigator Level 2
Andre Lemlin [C]	Contingent Workers
Andre Littlefield	Manufacturing Associate III
Andre Rivard	MSAT Associate Principal Scientist
Andrea Jennings | Andi Jennings	Manager, Operational Excellence
Andrea Milani [C]	Intern
Andrea Stanley	QA Specialist II-Lot Review
Andrea Thorsen	Senior Facilities Maintenance Engineer
Andreanna Demetriou	EHS Specialist 3
Andrew Alix	Associate Director, Project Delivery AMER
Andrew Beliveau	Manager, Manufacturing
Andrew Brown [C]	Praktikant/Contractor
Andrew Bryce	Manager, Engineering
Andrew Civiello	Senior Biotechnologist
Andrew Dibble	Senior Manufacturing Project Specialist
Andrew Farrell	Biotechnologist II
Andrew Friedman	Biotechnologist II

Andrew Garland | Andy Garland	Biotechnologist II
Andrew Goodine [C]	Contingent Workers
Andrew Hamilton	QC Analyst III – Microbiology
Andrew Harris	Associate Director, Principal Engineer
Andrew Hebel [C]	Praktikant/Contractor
Andrew Morse	Biotechnologist III
Andrew Myers (On Leave)	Manufacturing Supervisor
Andrew Oertel	Senior Facilities Maintenance Technician
Andrew Parker [C]	Contingent Workers
Andrew Rossi	MSAT Engineer II Upstream
Andrew Simpson	Supervisor, Process Engineering
Andrew Stachura	Systems Engineer Level 3
Andrew Stepanauskas	Manufacturing Associate III
Andrey Katalichenko	Solution Architect Network
Andy Lane [C]	Contingent Workers
Aneyra Cabassa Cardona [C]	Supplier Quality Professional II
Angel Bautista [C]	Contingent Workers
Angel Robles [C]	Contingent Workers
Angela Atwood | Angi Atwood	Manufacturing Associate Level 1
Angela Cardinal	Master Materials Planner
Angela Marino [C]	Praktikant/Contractor
Angelia Yabut	Manufacturing Associate Level 1
Angelina Keokominh	Biotechnologist I
Angeline Alaconis [C]	Biotechnologist Associate
Anna Berthiaume	Manufacturing Project Specialist
Anna Chagnon	QC Analyst 1
Anna Gasior	Sr. Manufacturing Associate II
Anna Myers	Associate Director, Program Management

Anna Nevius	Supervisor, QC
Annie Stevens	Manager, QC
Annika Larson	Supervisor, Manufacturing
Antash Chaturvedi	MSAT Scientist II
Anthoni Rivera	Global ERP Systems Quality Specialist
Anthony Alameda (On Leave)	Manufacturing Associate Level 1
Anthony Bilodeau	Analytical Equipment Validation Specialist III
Anthony Carvella [C]	Contingent Workers
Anthony Castagnaro	Associate Director, MSAT
Anthony Ciotti	QA Specialist III-Operations OTF
Anthony Crespo [C]	Project Engineer III
Anthony Garland	Senior Manufacturing Associate
Anthony Harris [C]	Logistics Specialist III
Anthony Kokoszka	Associate Process Validation Scientist
Anthony Malvone [C]	Head of Contracts & Claims Management, Americas
Anthony Pagano	Senior QA Validation Specialist 1
Anthony Petrigni [C]	Validation Specialist IV
Anthony Picone	Plant Engineer 2
Anthony Pouliot	Biotechnologist II
Anthony Rachwal	Manufacturing Associate Level 3
Anthony Richard	Associate Director, Controlling
Anthony Vadala [C]	Praktikant/Contractor
Antonio Carrillo [C]	C&Q Engineer - Remote Support
Antonio Sánchez Lobo [C]	Contingent Workers
April Somerset	Biotechnologist II
Ariel Peterson	Biotechnologist III
Arnel Lantican	QC Scientist II - Technical Transfer
Arnold Kandolo	Biotechnologist Level 2

Arthur Duque	Logistics Specialist II-Sampling
Asa Frankowski	QC Analyst III-Technical Transfer
Asher Quirion	Biotechnologist II
Ashley Gooley I Nicole Gooley	Manufacturing Associate Level 2
Ashley Guerrette	Project Engineer
Ashley Hartenstein	Process Technical Writer 4
Ashley Hunt	Manufacturing Associate Level 1
Ashley Rose	Sr. Manufacturing Associate I
Ashley Saalfield	QC Analyst 1
Ashley Salazar	Manufacturing Associate Level 1
Ashley Varney	Biotechnologist II
Ashley Westlake	Director, MSAT - Global Biologics Technical Development
Ashwin Damodaran	Manufacturing Associate Level 2
Ashwini Agnihotri	MSAT Senior Data Scientist
Ataullah Kapadia	CAD Specialist
Athena Flores	Biotechnologist Level 2
Atik Bharat Vora	Supply Chain Analytics Manager
Audlyne Barthelemy	Manufacturing Associate Level 1
Audra Harris	Master Site Scheduler
Aurora Saint-Val	Manager, Manufacturing
Austin Brock	Manufacturing Associate Level 1
Austin Burket	Biotechnologist III
Austin Burney	Material Requirements Planner
Austin Olden	Associate Program Manager
Austin Reed [C]	Intern
Autumn Love [C]	Contingent Workers
Avelino Escariz Ferrin	QA Specialist IV-Raw Materials
Avery Walter	Supervisor, Manufacturing CGT

Avinash Wanare [C]	Contingent Workers
Babi Subedi [C]	Intern
Barbara Fiorella	Material Requiremens Planner
Barnaby Dorilas	Manufacturing Associate Level 3
Barry Kinney [C]	Contractor
Barry Trudeau	Senior QA Specialist 2
Baxter Ury	Biotechnologist III
Beatriz Bermudez Alden	Manufacturing Project Lead
Becki Wright	QA Specialist IV
Belina Rodriguez [C]	Contingent Workers
Ben Debello [C]	Praktikant/Contractor
Ben Wheeler	Electrical Systems Technician Level 3
Benjamin Chaffee	Senior Manager, Manufacturing
Benjamin Coffey	Manufacturing Supervisor
Benjamin Flood	QC Project Specialist II-Microbial Control
Benjamin Fralick	Senior Manufacturing Associate
Benjamin Holmes	Manufacturing Supervisor
Benjamin Macedo	Manufacturing Associate Level 2
Benjamin McDonough	Manufacturing Associate Level 2
Benjamin Sweesy	QC Specialist III - Raw Materials
Benjamin Tougas	QC Analyst 2
Bennet Ducharme [C]	Contingent Workers
Benton Gorre	Senior Validation Engineer
Berny Rivas [C]	Contingent Workers
Beth Burke	QC Analyst IV-Microbial Control
Bethany Daley	QA Specialist V-QAIAM
Betina Burato	Biotechnologist I
Bianca Plourde	Manager, QA

Bill Burg [C]	Contractor
Bill O'Brien [C]	Contingent Workers - Scheduling Consultant
Bitan Basu	MSAT Scientist III Downstream
Blaine Trafton	MSAT Senior Process Engineer
Blake Barbin (On Leave)	Biotechnologist I
Blake Keniston	QC Analyst II-Microbial Control
Bob Coggon [C]	Contingent Workers
Bobby Judson	Supervisor, Manufacturing
Bonnie Hudson	Logistics Specialist II-Receiving
Boris Keugabe Siewe	Supervisor, Manufacturing
Brad Bouwens	Manufacturing Supervisor
Brad Hardy	Manufacturing Associate II
Bradd Gaulin	Manager, Manufacturing
Brady Blais [C]	Contingent Workers
Branden Pratt	Training Specialist 2
Brandon Blaesing [C]	Contingent Workers
Brandon Brow	Supervisor, Manufacturing
Brandon Haynes	Biotechnologist III
Brandon Mains	QA Specialist IV-QMS
Brandon Musitano	Process Validation Scientist III
Brandon Piel	QC Analyst 3
Brandon Zahler	Sr. Biotechnologist
Brenda Chesbro	QA Specialist IV-Operations
Brendan McCann	MSAT Senior Process Engineer
Brendan McLaren	Senior Process Validation Scientist
Brendan Moynihan	Sr. Biotechnologist
Brendan Noonan [C]	Albacore Automation Project Manager
Brendan Richards	Facilities Maintenance Mechanic Lv.4

Brendan Sullivan [C]	CQ Engineer
Brendon Marquis	QC Analyst II-Microbial Control
Brendon Minihan	Senior Manufacturing Project Specialist
Brennan Burns	Senior Manager, GE Automation & MES AMER
Brennan Donnell	MSAT Data Scientist
Brett Delorey	Manufacturing Associate Level 3
Brian Carroll	Principle Biotechnologist
Brian Croteau	QC Supervisor
Brian Dahme	Manufacturing Associate Level 3
Brian Dubisz [C]	Contingent Workers
Brian Gosselin	Supervisor, Manufacturing
Brian Hadley	Principal Scientist, R&D
Brian Kincaid	Supervisor, Manufacturing
Brian Labbe	Training Specialist 2
Brian Lee	Manufacturing Associate Level 1
Brian Nunnelley	Biotechnologist III
Brian ODonnell (On Leave)	Senior Facilities Maintenance Technician
Brian Olden	Manufacturing Associate III
Brian Paul	Control Systems Engineer 2
Brian Shea [C]	Praktikant/Contractor
Brian Souter	Associate Director, Quality, Project Delivery Visp
Brian Tarpy	QC Analyst II-Microbial Control
Brian Tucci	Engineering Manager, Maintenance
Brianna DeSouza	QA Specialist III-Raw Materials
Brianna Gore	Manufacturing Associate Level 1
Brianna Malcuit (On Leave)	Manufacturing Associate Level 1
Brianna McBride	QC Specialist II-Laboratory Information
Brianna Miller I Bri Miller	Deviation Investigator Level 1

Brid Fillion	Project Engineer
Brittany Moore	Manufacturing Scheduler
Brittany Neff	QC Specialist II- Raw Materials
Brock Perry	Senior Manager, GE Automation & MES - Standards
Bruce McCafferty	Head of Customer Proposals Launch
Bruce Turgeon	Business Process Architect O2C (CDMO)
Bruno Ramos	Manufacturing Associate Level 1
Bryan Rinneck [C]	Contingent Workers
Bryan Smeltz	Manufacturing Supervisor
Bryan Stafford	Associate Director, QC
Bryan Sweeney	Manufacturing Associate Level 3
Bryce Pate	QC Analyst L3
Burton Dow	Senior Biotechnologist
Caamano Gutierrez [C]	Contingent Workers
Cade McAdams	Manufacturing Associate Level 1
Caitlin DuBois	Scientist II, Research & Development
Caitlin Sweeney	Associate Director, QA
Caitlyn Chaisson	Biotechnologist II
Caitlyn Hyde	Business Development Specialist
Caleb Bryant	Logistics Specialist II-Dispensing
Caleb Mahoney	QC Analyst II-Chromatography
Caleb St. Clair (On Leave)	Logistics Specialist III-Receiving
Callum Davies [C]	Contingent Workers
Calum Bailey	Senior Biotechnologist
Camden Burnette	Automation & MES Support Specialist
Cameron Cable [C]	Contingent Workers
Cameron Dion	MES Engineer 1
Cameron Flanagan	Scientist II

Cameron Lake [C]	Contingent Workers
Cameron Young	Process Technical Writer 2
Candace Smith	Manufacturing Associate Level 3
Carey Labore	QA Specialist IV-Raw Materials Compliance
Carine Wong	QC Analyst III-Operations
Carleen Wong	QC Analyst II-Operations
Carlos Junior Pimentel [C]	Contingent Workers
Carmella Tallarida [C]	Contingent Workers
Carmelo Cruz-Diaz [C]	Logistics Specialist III
Carmen Reyes [C]	Contingent Workers
Carole Ouellet	QA Specialist IV-Raw Materials Compliance
Caroline Dennis [C]	Praktikant/Contractor
Caroline DiGeambeardino	QA PM II-Operations
Caroline Flynn	QC Analyst I-Microbial Control
Caroline Hurley [C]	Contingent Workers
Caroline Santos	MSAT Process Engineer III
Carolyn Hanley	Logistics Coordinator IV-Inventory
Carrie Bunker	QA Specialist III-Lot Review
Carrie Mason	Head of Process Analytical Technologies
Carson Wante	QC Analyst 2
Carsten Kocek	MSAT Scientist II
Carter Knight [C]	Intern
Carter Stevens	Biotechnologist I
Casey Spears	Biotechnologist II
Cassandra Yaffa [C]	Logistics Specialist III
Catherine Bilodeau	Supervisor, QC
Catherine Bronzi	QC Analyst II-Microbial Control
Catherine Colby [C]	Contingent Workers

Catherine Hanlon	QA Lot Review Specialist 4
Cathy Turner [C]	Contractor
Cedric Mercer	QC Analyst II-Operations
Celina Micale	MES Engineer 2
Cesar Alanis [C]	Contingent Workers
Chad Letourneau	Manufacturing Supervisor
Chad York	HVAC Maintenance Mechanic Level 4
Chaim Tendler [C]	Manufacturing Operator I
Chanphanith Peau [C]	Contingent Workers
Charissa Shiver	Program Manager
Charity Tate	Sr. QC Lead
Charles Doughty	Sr. Manufacturing Associate I
Charles Leland [C]	Manufacturing Operator I
Charlie Marshall [C]	Contingent Workers
Charlotte Bickford I Kai Bickford [C]	Intern
Charlotte Griffin	Manufacturing Associate Level 1
Charlotte Martel	QC Analyst I-Microbial Control
Charlyn Chapal	Senior Financial Analyst
Chauntel Coffey	Manufacturing Supervisor
Chester Simocko	Quality Manager
Cheyenne Huberdeau	Deviation Investigator Level 2
Chi Zhang	MSAT Data Scientist III
Chirag Chopda [C]	Engineering Assistant I
Chris Ross	Associate Director, Business Development
Chris Stamoulis [C]	IT Project Manager
Chris Tufts [C]	Contractor
Christian Aguzey	Supervisor, Manufacturing
Christian Chau	Manufacturing Associate Level 1

Christian Hoffman [C]	Praktikant/Contractor
Christian Lamers	Engineer 2
Christian Lucchesi [C]	Praktikant/Contractor
Christian Swasey	Sr Manufacturing Project Specialist
Christian Villacis [C]	Contingent Workers
Christian Widmark	MSAT Data Scientist I
Christina Baron-Mejia	Supervisor, Manufacturing
Christina Bassett	Analytical Equipment Validation Specialist IV
Christina Burrows	Deviation Investigation Manager
Christina Cota	Systems Engineer Level 3
Christina Field	Senior Manufacturing Associate 2
Christina Gregg	QA Specialist II-Records
Christina Huber I Chrissy Huber	Biotechnologist III
Christina Lentz	Associate Director-Quality Analytical
Christina Santos	Manufacturing Associate Level 1
Christina Spriggs	Deviation Investigator Level 3
Christina Vachon	Logistics Specialist II-FPA
Christine Bilobram	Senior QA Specialist 2
Christine Ghirardi [C]	Intern
Christine Traboulsy	Senior Program Manager, Associate Director
Christopher Baker	Director, Quality Head
Christopher Blanchard [C]	Biotechnologist Associate
Christopher Borovicka I Chris Borovicka	Director, QA
Christopher Bortell	Manufacturing Associate Level 3
Christopher Ciampa [C]	Project Engineer
Christopher Couch	Manufacturing Associate Level 1
Christopher Duncan [C]	Contingent Workers
Christopher Gagnon I Reilly Gagnon	Biotechnologist I

Christopher Gangwer [C]	Biotechnologist Associate
Christopher Gourlay | Chris Gourlay	Associate Director, Supply Chain CGT Portsmouth
Christopher Halldorson | CJ Halldorson	Manufacturing Associate Level 1
Christopher Hamilton	Site Materials Requirements Planner
Christopher Hubbard	Sr. Manufacturing Associate I
Christopher Long	Supervisor, Manufacturing
Christopher Loughman	Associate Director, Business Development
Christopher Noland	Senior Biotechnologist
Christopher O'Connell	QA Specialist III-Documentation
Christopher Price	Supervisor, Quality Control - Raw Materials
Christopher Reedich	QC Analyst II-Microbial Control
Christopher Sewall	Manufacturing Associate Level 1
Christopher Silva [C]	Biotechnologist Associate
Christopher Smart	Global MSAT Senior Tech Transfer Expert
Christopher Stolley	Process Validation Scientist III
Christopher Sutton	Group Lead, Director
Christopher Vena	Global MSAT Tech Transfer Expert
Christopher Wright	QA Specialist II-Records
Chrystal Chase	QA Specialist V-QAIAM
Chuzhi Yin | Tracy Yin	Associate Director, Business Development-Biologics, US East
Cindy DeVos	Manager, QA Systems
Cindy MacKenzie	Corporate CAPEX Analyst
Clare Donaldson	Manufacturing Associate Level 1
Claus Koop [C]	Contingent Workers
Clifford Emmerich [C]	Project Engineer II
Coby Nevius	QC Analyst 1
Cody Caron [C]	Praktikant/Contractor
Cody Freeman	Manufacturing Associate Level 1

Cody Wilkins	Manufacturing Associate III
Colby Batchelder [C]	Intern
Cole Davis	QC Analyst III-Chromatography
Colin Graham	Senior Project Engineer
Colin McCormack	Senior Biotechnologist
Colin Taaffe [C]	Contingent Workers
Colin Walsh	IT Infrastructure Project Management Delivery Lead
Colleen Kelly [C]	Praktikant/Contractor
Colleen Turner	QA Specialist III-Operations
Collin Alexander [C]	Contingent Workers
Collin Deyarmin	QC Specialist III-Stability
Collin Gaebe	Control Systems Engineer 2
Conley Moore	Site IT Lead Portsmouth & Boston
Conner Boatright	QC PM II-Operations
Connor Darling	Manufacturing Associate III
Connor Fresia [C]	Contingent Workers
Connor Gagnon	Associate Director, Finance & Controlling
Connor Gilbert	QC Analyst IV-Microbial Control
Connor Hamel	Manufacturing Associate Level 2
Connor MacFarlane [C]	Contingent Workers
Connor McAdams [C]	Project Engineering Technician
Connor Ruse	Logistics Specialist II-Receiving
Connor Welts [C]	Contingent Workers
Conor Kenneally	Senior Manufacturing Associate
Conor Leland [C]	QC Analyst III
Conrad Jankowski	QC Analyst I-Raw Materials
Cora Chiorean [C]	Contingent Workers
Corey Beaudoin	Manager, Manufacturing

Corey Dumais	MSAT Senior Scientist
Corey Haigh	QC Specialist V-Documentation
Corey Jimenez	Biotechnologist III
Corey Sanford	Facilities Maintenance Mechanic Lv.3
Corey Taylor	Head of Automation - Director, Engineering
Cory Bartlett	Manager, QA Systems
Courtney Cayford [C]	Biotechnologist Associate
Courtney Hazelton-Harrington	Scientist II, Research & Development
Courtney Marie Galligan	Senior Director - Strategy & Operations, Licensing BU
Courtney Welch	QC Analyst V-Microbial Control
Craig Richards	HVAC Maintenance Lead Mechanic
Criostoir O Ciardha	Head of Downstream Process MSAT
Cristian Reboredo [C]	C&Q Engineer - Remote Support
Cullen Stevens	Manufacturing Associate Level 1
Curtis Lalonde	Manufacturing Associate Level 3
Cynthia Langley	QC Analyst 2 - Microbiology
Dahiana Duran Torres [C]	Praktikant/Contractor
Dakota Eschete	Logistics Specialist III-Sampling
Dale Lind [C]	Contractor
Dalton Wood [C]	Contingent Workers
Damien Bradley	Logistics Specialist II-Receiving
Dan Muse [C]	Praktikant/Contractor
Dana Farina [C]	Contingent Workers
Daniel Beaudet	Manufacturing Associate III
Daniel Belanger [C]	Contingent Workers
Daniel Bell [C]	Biotechnologist Associate
Daniel Benger	Manager, GE Project Controls AMER
Daniel Breton [C]	Contingent Workers

Daniel Cohen	Biotechnologist I
Daniel Conley I Dan Conley	MES Engineer 2
Daniel Corey	Manufacturing Associate Level 3
Daniel Edwards	Senior Manufacturing Associate 2
Daniel Fish I Dan Fish	QC Specialist V-Systems
Daniel Flinn [C]	Project Engineer II
Daniel Grondin	Associate Director, Program Management
Daniel Helton	QA Validation Specialist 2
Daniel Hernandez [C]	Project Manager III
Daniel Herring I Dan Herring	Director, QA
Daniel Kehoe	MSAT Associate Principal Scientist
Daniel Kennedy	Principal Scientist - Analytical Development
Daniel Kirk I Dan Kirk	Global QC Systems Manager
Daniel Mahoney	Manufacturing Associate Level 3
Daniel Milewski	PM SAP Business Analyst
Daniel Paolini	Sr. Manufacturing Associate I
Daniel Peterson [C]	Biotechnologist Associate
Daniel Pucel (On Leave)	Biotechnologist III
Daniel Rivera I Dan Rivera	Supervisor, QC
Daniel Roberge	Principal Biotechnologist
Daniel Santiago [C]	C&Q Engineer - Remote Support
Daniel Schiwek	Senior Director, Strategic Accounts
Daniel Schloesser	Deviation Investigator Level 3
Daniel Seco I D.J. Seco	QA Specialist III-Operations
Daniel Shurpik I Dan Shurpik	Logistics Specialist I-Receiving
Daniel Swanson [C]	Contingent Workers
Daniel Thomas	Senior Manufacturing Project Specialist
Danielle Capone	Manager, Stratetic Operations Manufacturing

Danielle Dent	Manufacturing Associate III
Danielle Laurendeau - Goulet	Manufacturing Supervisor
Danielle Pettey	Manufacturing Associate Level 2
Danielle Sarber	MSAT Process Engineer II
Danny Yim [C]	C&Q Lead - Remote Support
Dara Davis	Associate Director, Program Management
Darby Jones	Manufacturing Associate Level 1
Daria Oberlander	QC Analyst V-Microbial Control
Darleen Pike	MSAT Principal Scientist
Darlene Toriello	Director, Supply Chain
Darmanto Boroni (On Leave)	Manufacturing Associate Level 1
Darren Bilodeau	QC Analyst II-Microbial Control
Darren Johnson [C]	Contingent Workers
Darren Monchusie	QA PM II-Operations
Daryll Doda	Site Scheduler
Dave Foggo [C]	Contingent Workers
Dave Telebrico [C]	Praktikant/Contractor
David Abruzzese	MSAT Manager
David Allen	Fac Maint Mech Lead
David Bloechl	Sr. Manufacturing Associate I
David Chamberlain	Senior Manufacturing Associate 2
David Duda	Manager, Quality Analytical Operational Support
David Dunham [C]	Contingent Workers
David Emerson	Sr. Manufacturing Associate I
David Fry	Manufacturing Supervisor
David Gilbert [C]	Contingent Workers
David Griffes	Sr. Manufacturing Associate II
David Grosh	QC Scientist I-Technical Transfer

David Gruenwald	EHS Senior Specialist
David Hattan	QC Scientist II - Technical Transfer
David Kimball	Supervisor, Manufacturing
David Latis [C]	Contingent Workers
David Lee	Manufacturing Associate Level 1
David Lutskus	IT, Head of CoE MES
David McGilvary	Manufacturing Associate Level 1
David Newman	Manufacturing Associate Level 2
David Perrault [C]	Contingent Workers
David Peterson	Associate Director, MSAT
David Runkee	Biotechnologist II
David Scammon	QC Scientist II-Technical Transfer
David Sickorez [C]	Project Manager III
David Stiles	Automation and MES Support
David Storey	Senior Director, Commercial Development
David Thompson [C]	Contingent Workers
David Vitorino	Senior Technical & GMP Training Business Partner
David Williamschen	Senior Process Validation Scientist
David Xavier	QA Specialist III-Operations
David Young	Biotechnologist Level 2
Dawn DeKemper	Supervisor, Logistics
Deanna Healey	Manufacturing Associate Level 1
Deborah Lewis [C]	Project Manager III
Debra Reinfried	Sales Support Administrator
Debra Sponholtz	Senior Director, Strategic Accounts
Deidania Hernandez [C]	Contingent Workers
Deivisson Gomes [C]	Contingent Workers
Delaney Burns	QC PM II-Operations

Demitrius Xenos	Manufacturing Associate Level 1
Denise Arnold	CAPEX Planner/Controller Level 2
Denise Meredith [C]	Contingent Workers
Denise Sampson	Site Leadership Administrator
Dennis Bray	Associate Director, QA
Dennis Pierdomenico (On Leave)	Biotechnologist Associate Level 2
Derek Dowling [C]	Manufacturing Operator I
Derek Hubley	Director, Global Material Excellence
Derek Jean	Senior Biotechnologist
Desiree Howald I Desiree Fleuriel	QA Specialist IV-Operations
Devendra Sah	Senior QA Specialist
Devin Brewer	Manufacturing Associate Level 3
Devon Acevado [C]	Contingent Workers
Dewey Beach	MES Engineer Level 4
Dhaval Bhanushali [C]	Project Manager III
Diane Gervais	Logistics Specialist IV-Dispensing
Diane Kimball	Principal Solution Architect
Diane Lever	Senior Vice President, Sales, Integrated Biologics
Diego Rodriguez Yañez	Director, Quality, COE
Dinesh Yadav	QA Computer Systems Validation Specialist
Dipak Bhatlawande	Associate Director, GE Automation & MES AMER
Disha Patel	MES Enigneer 3
Dominic Gigante	Director, Sourcing
Dominick Noyes	Maintenance Planner Level 2
Dominique Vose	Biotechnologist III
Don Albano [C]	Contingent Workers
Don Hutchinson [C]	Contingent Workers
Donald D'Orsay I Donnie D'Orsay	Supervisor, Manufacturing

Donald Edwards	MSAT Associate Principal Scientist
Donald Geoffrion	Associate Director, Warehouse
Donald Howard | Don Howard	Manufacturing Supervisor
DongPin Liu	MSAT Senior Process Engineer
Donovan Genaw	Biotechnologist I
Dorothy Civil	Manufacturing Associate Level 1
Doug Bourque [C]	Contingent Workers
Douglas Drake | Doug Drake	QC Supervisor
Douglas Hardy | Doug Hardy	Systems Engineer 2
Douglas Paradise	QA Specialist II-Operations
Douglas Perry | DJ Perry	QC Analyst III-Microbial Control
Douglas Smith	Logistics Specialist III-Warehouse
Drew Lentz	Associate Director, GE Automation & MES AMER
Duc Hoang	MSAT Scientist III
Duncan Ross	Associate Director, Quality-Microbiology
Dushy Gnanapragasam [C]	Contingent Workers
Dustin Aglio	Scheduler
Dustin Gervais [C]	Contingent Workers
Dustin Kelly	Logistics Specialist III-Dispensing
Dylan Cairns	Biotechnologist 3
Dylan Hickman	Facilities Maintenance Mechanic Lv.3
Dylan Hutra [C]	Contingent Workers
Dylan Martino	Manufacturing Associate Level 1
Dylan Trueblood	Manufacturing Supervisor
Dylan Wiberg [C]	Contractor
Dylan Wilford	Engineer
Ed Chow [C]	Contingent Workers
Ed Drolet	Manufacturing Project Specialist

Eddie Dawidowicz [C]	Contingent Workers
Eddie Jones	Senior Director, Operations
Edgar Marti	QA Specialist II-Issuance
Edgardo Rivera-Carrillo	Logistics Specialist II-Dispensing
Edi Leka [C]	Praktikant/Contractor
Edmund Lacroix	QC Specialist I-Sample Management
Eduardo Escobar [C]	Contingent Workers
Edward Domings [C]	Contingent Workers
Edward Gontarz	Senior QA Specialist
Edward Gunderson	Senior CAD PM
Edward Long	QA PM III-Operations
Edward McKeen	Facilities Suite Maintenance Supervisor
Edward Tirrell	Biotechnologist II
Edwin Mann	Biotechnologist I
Edwin Taveras [C]	Praktikant/Contractor
Edy Vargas [C]	Contingent Workers
Eileen Greeley	Senior Manufacturing Associate 2
Eileen Lima Veliz [C]	Contingent Workers
Elaine Bauer-Melhorn	QA Compliance Specialist 4
Elena Castillo Reyes [C]	Contingent Workers
Elena Sanders	Manufacturing Services Associate Level I
Eli Baston	Manager, Manufacturing
Eli Carter	Logistics Associate I-Warehouse
Elizabeth Bouchard	Biotechnologist II
Elizabeth Crofts	Associate Director, Business Development
Elizabeth Dearborn	QA Specialist II-Issuance
Elizabeth Herder	Associate Director, Sales
Elizabeth Jansen	Director, Regulatory Affairs

Elizabeth Orchard	QC Specialist V-Compliance
Elizabeth Osuchowski [C]	Praktikant/Contractor
Elizabeth Williams	Sr. Manufacturing Associate I
Ellen Blackwell	QC Analyst 2
Ellen Kintz	Manufacturing Scheduler
Ellen Markowski	Plant Engineer
Ellery Raitt	Sr Manufacturing Project Specialist
Ellia Lestari	Manufacturing Associate Level 1
Elliott Young	Facilities Maintenance Technician 3
Elodie Leliard	Manager, MSAT
Elvyn Estevez [C]	Contingent Workers
Emilie Dumont [C]	Contingent Workers
Emily Brouder	Senior Manufacturing Associate
Emily Brown	MSAT Process Engineer II
Emily Holland	Lab Technician 2
Emily Sagnella	Biotechnologist I
Emily Smith	QC Analyst I-Microbial Control
Emma Jackson	QA PM II-Operations
Emma Raven	QA Specialist IV-QAIAM
Emma Roberge	MSAT Scientist II
Emma Wadle	QC Analyst 2
Emma Wilson	Analytical Equipment Validation Specialist III
Emmanuel Gray	Manufacturing Associate Level 3
Emmanuelle Maldonado [C]	C&Q Engineer - Remote Support
Emmett Kumis	Biotechnologist III
Eric Champagne	Fac Maint Mech Lead
Eric Clouthier	Manager, EHS
Eric DiChiara	Supervisor, Manufacturing

Eric Freeman	Manufacturing Associate Level 1
Eric Grant [C]	Contingent Workers
Eric Presley	Senior Training Specialist
Eric Sarbieski	QC Analyst III-Microbial Control
Eric Snyder	Director, EHS
Eric Williams	Logistics Specialist III-Warehouse
Erica Faucher	Manufacturing Associate Level 1
Erica Marcus [C]	Contingent Workers
Erica Moore	Manufacturing Associate Level 3
Erica Mullen	Manufacturing Associate Level 1
Erick Geoffrion	Biotechnologist III
Erik Freeman	Senior Manufacturing Associate 2
Erik Golobic [C]	Praktikant/Contractor
ERIK LAIVINS	Senior Manufacturing Associate
Erik Martinez [C]	Contingent Workers
Erik Zorawowicz	MSAT Scientist III
Erik Zukowski	Principal Biotechnologist
Erika Ellis [C]	Contingent Workers
Erika Grand	Deviation Investigation Writer Level 2
Erika Ortiz	QA PM III-Operations
Erin Donath	Senior Specialist, Project Delivery AMER
Erin Hayes	MSAT Scientist II
Erin Henry	QC Analyst IV-Electrophoresis
Erin Hutchins	Maintenance Scheduler Level 2
Erin Murphy	QA Compliance Specialist 2
Erling Thorkildsen [C]	Contingent Workers
Ernest Mathews	Reliability Engineer
Estefania Garcia	QC Analyst 2

Esther Daniells [C]	QA Specialist II
Estrella Soriano	Operational Buyer Indirect - Level III
Ethan Dube	Biotechnologist II
Ethan Guglielmo	MSAT Associate Scientist
Ethan Kahlke	Manufacturing Associate Level 2
Ethan Morgan	Manufacturing Associate Level 1
Ethan Pirie [C]	Controls/Automation Engineer
Ethy Mpiana	Manufacturing Associate Level 1
Eva Carias Cruz [C]	Contingent Workers
Eva Chan	Associate Director, Regulatory Affairs CMC
Eva Clemons	Document Control Mgr, GE Project Controls AMER
Eva McKone [C]	Intern
Evan Couture [C]	Manufacturing Operator I
Evan Graham	Material Requirements Planner
Evan Jaworski	Manufacturing Associate Level 3
Evan Paquin	QC Analyst II-Microbial Control
Evan Schafer	Biotechnologist I
Evan Watts	Senior Manufacturing Associate
Eydan Torres [C]	C&Q Engineer - Remote Support
Ezekiel Gumprecht	Manufacturing Associate Level 1
Faith Vachon	CPV Scientist I
Fatima Donayre [C]	Contingent Workers
Fe Rojas [C]	Contingent Workers
Felecia Knowlton [C]	Facilities Coordinator I
Felicia Williams	Manufacturing Project Specialist
Felix Gonzalez	Logistics Specialist III-Warehouse
Filomena Costanza	MSAT Senior Scientist
Flavia Cardoso [C]	Contingent Workers

Florence Géraldine Barraud I Florence Barraud	MSAT Process Engineer III
Florin-Radu Mihalache [C]	Contingent Workers
Francisco Aquino Espinosa [C]	Contingent Workers
Francois Bioul	Delivery Head AMER I, Global Engineering
Frank French [C]	Contingent Workers
Frank Kotce	Sr. EHS Specialist
Frank Olubode	QC Analyst 3
Freda Cozza	Manufacturing Associate Level 1
Frederick Smigiel	Senior Project Engineer
Gabriel Dakowicz	Manager, Validation
Gabriel Franko	Senior Facilities Maintenance Technician
Gabriella Palermo	Scientist II, Research & Development
Gabrielle Bader [C]	Contingent Workers
Gage Zickefoose	Biotechnologist II
Gail Pentheny	Supply Chain Projects Manager
Garon Whitney	Manufacturing Associate Level 3
Garrett Gauthier	Facilities Maintenance Technician 2
Gary Hannafin	Supervisor, Logistics
Gary Johnson	QA Specialist V-Operations
Gary Paraski	Controls Engineer LVL 3
Gary Parks	Facilities Maintenance Mechanic Lv.4
Gay Boutin	Manager, System and Business Information, Global
Geisem Beniquez [C]	C&Q Engineer - Remote Support
Genevieve Gray	R&D Analytical Scientist
Geoffrey Laasko [C]	Contingent Workers
George Burch	Supervisor Facilities Maintenance
George Colby I Nick Colby	MES Engineer 3
George Combes	Associate Director, Project Delivery AMER

George DeDomenico [C]	Project Manager III
George Lebreux (On Leave)	Manufacturing Associate Level 2
George Migrants [C]	Contingent Workers
George Mosekevitz [C]	Contingent Workers
George Thing	Sr. Manufacturing Associate II
George Thomas Njoroge [C]	Contingent Workers
Georgia Ntasi	Operational Excellence Manager
Gil Methot [C]	Contractor
Gilbert Culbertson	QC Analyst 3
Gilberto Menendez	QC Analyst IV-Electrophoresis
Gilson DaSilva	Associate Director, Engineering
Gina Disidoro	Scientist II
Gina Occhipinti [C]	Intern
Giovanni Fontanez [C]	C&Q Engineer - Remote Support
Girish Deshpande [C]	Contingent Workers
Givans Moiseau	Senior Biotechnologist
Gixon Luiz Hernandez [C]	Contingent Workers
Glaucia Lage Duque [C]	Contingent Workers
Glenn Avery	QC Scientist
Glenn Currie	Senior QA Compliance Specialist - Audits and Inspections
Grace Coughlin [C]	Intern
Graham Burdon [C]	Manufacturing Operator I
Graham Davenport	MES Engineer 2
Grant Leavitt	Supervisor, Manufacturing
Grant Monroy	MSAT Scientist III
Grant Weyers	QC Analyst 3
Greg Hawrylciw [C]	Praktikant/Contractor
Greg Hobbs [C]	Contingent Workers

Gregg Babbin [C]	Contingent Workers
Gregory Haley	Senior Biotechnologist
Gregory Little	Manufacturing Supervisor
Gregory Newcomb	Specialist, Project Delivery
Gregory Schneider	Controls Engineer LVL 2
Gretchen Von Marschall	Deviation Investigator Level 2
Griffin Carloni	Plant Engineer 2
Griffin Delin	Manufacturing Associate Level 1
Griffin Scanlan	Logistics Specialist I-FPA
Guillermo Caceres Gil [C]	Contingent Workers
Gulmina Imran	Manufacturing Associate Level 2
Gupta Ashish [C]	Contingent Workers
Gwendlyn DeYoung-Reynolds [C]	Calibration Specialist LVL 3
Gwendolyn Terpstra | Gwen Terpstra	Regulatory CMC Manager II
Hailey Peredna	Manufacturing Associate Level 1
Haillie Figueroa [C]	Lab Technician II
Halle Gooley	Biotechnologist II
Hana Shanahan (On Leave)	MSAT Process Validation Scientist I
Hande Ozgen Rajkule | Hande Ozgen	Manager, MSAT
Hangyeol Nam | Liam Nam	MSAT Scientist II
Hanna Kurtenbach | Anya Kurtenbach	MSAT Scientist I
Hannah Fife	MES Engineer 2
Hannah French	Manufacturing Services Associate Level 1
Hannah Graham	Manager, Control Systems Engineering
Hannah Michael [C]	Biotechnologist Associate
Hannah Silverman	Logistics Specialist II-Dispensing
Hannah Trabold (On Leave)	MSAT Process Scientist II
Hannah Whitcomb	Biotechnologist II

Hansel Corniel [C]	Contingent Workers
Harison Ramon Fernandez Flores [C]	Contingent Workers
Harrison Barone [C]	Contingent Workers
Harrison Fisher (On Leave)	QA Specialist II-Raw Materials Compliance
Harrison Price	MSAT Process Engineer II
Hasan Mahmud	MSAT Associate Principal Scientist
Hayden Virgin	Manufacturing Associate Level 3
Hayley Davis	QC Specialist IV-Compliance
Hayley Ruitenberg	QC Analyst IV-Chromatography
Heath Alexander	Materials Requirements Planner
Heath McSorley [C]	Contingent Workers
Heather Chouinard [C]	Contingent Workers
Heather Dale	Senior Draftsman
Heather Littlefield [C]	Manufacturing Operator I
Heather Palmer	Master Materials Planner
Heidi Althouse	Associate Principal Scientist
Heidi An	Controls Engineer LVL 2
Heidi Porter	Manufacturing Associate Level 1
Helena DeVaney	QA Specialist III-Operations
Helga Becka [C]	C&Q Engineer - Remote Support
Hieu Phan	Manufacturing Associate Level 1
Hilary Campbell	Senior Manufacturing Associate 2
Hilson Hernandez [C]	Contingent Workers
Holly Moberg	Biotechnologist II
Hope Gallant Duffy	QC Specialist IV-Compliance
Hope Montgomery	QC Scientist I-Raw Materials
Howard Herbert IV	Scientist III
Howard Hewitt	Logistics Specialist II-Warehouse

Howard Lewis [C]	Manufacturing Operator I
Hunter Geter [C]	Contingent Workers
Hunter Nichols	Manager, QA
Hyman Ho	Manufacturing Associate Level 3
Ian Andersen [C]	Contingent Workers
Ian Angulo	Manager, Operational Excellence
Ian Commins	Biotechnologist Level 2
Ian Doyle	Biotechnologist II
Ian Falkowitz	Director, Sales
Ian Furqueron [C]	Contingent Workers
Ian Gutierrez [C]	Biotechnologist Associate
Ian Kula [C]	Intern
Icaro Souza	Manufacturing Associate Level 2
Ilia Jimenez	Director, Sales Account Management, US West Coast
Inga Newcomb	Senior CAD PM
Irene Kays	Logistics Specialist I-FPA
Iris Obispo [C]	Operational Excellence Project Manager
Isabella Kraus [C]	Intern
Isabella Smith-Davenport	QC Analyst II-Immunology
Isabelle Morency-Carr | Isabelle Carr	QC Analyst III-Microbial Control
Iuliia Iurchenko	Manufacturing Associate Level 3
Iya Kazakevich [C]	Operational Buyer Indirect II
Jack McGovern	MSAT Senior Engineer
Jack Rodrigue	Biotechnologist Level 1
Jaclyn McMahon	MSAT Process Engineer III
Jacob Beanland | Jake Beanland	EHS Specialist 2
Jacob Buskey	Senior Manufacturing Project Specialist
Jacob Carlson	Utilities HVAC Engineer

Jacob DeGraffe	Manufacturing Supervisor
Jacob Diprizio	Senior Manufacturing Technical Specialist
Jacob Grist I Jake Grist	MSAT Senior Process Engineer
Jacob Knowlton	Biotechnologist II
Jacob Lalone	Manufacturing Associate Level 1
Jacob Leavitt [C]	Contingent Workers
Jacob MacKenzie	Analytical Equipment Validation Lead
Jacob Milbury I Jake Milbury	Logistics Associate 2
Jacob Moore [C]	Contingent Workers
Jacob Myer	Manufacturing Associate III
Jacob Nunnelley	Automation & MES Support Specialist
Jacob Remington I Jake Remington	Senior Biotechnologist
Jacob Rich	Facilities Elastomer Maintenance Mechanic
Jacob Robinson I Jake Robinson	Equipment Validation Specialist Level 3
Jacob Rolfe	Senior Strategic Operations Project Specialist
Jacob Wilson	QA Specialist IV-Operations
Jacob Wirohusodo	Biotechnologist III
Jacque Rodriguez [C]	Contractor- JDM
Jacqueline Genthner [C]	Process Engineer III
Jacqueline Richter I Jackie Richter	Manufacturing Associate Level 1
Jacquelyn Nassar [C]	Validation Engineer
Jade Pescinski	Manufacturing Associate Level 1
Jaden Willette	QA PM II-Operations
Jaedon Garside	Manufacturing Associate Level 2
Jaiden Hayes	Biotechnologist Level 2
Jaime Okray I Jaime Okray-Kennedy	Executive Director, Head Business Development, US, Integrated Biologics
James Araujo	Manager, Engineering
James Bailey I Jim Bailey	Manufacturing Associate Level 1

James Blanchard	Manufacturing Associate Level 2
James Brackett [C]	Intern
James Brown I Jim Brown	Associate Principal Scientist QC
James DiLiegro	Midscale DSP Suite Point of Contact
James Eldredge	Senior Training Specialist
James Hanson	Senior Deviation Investigator
James Labore I Jim Labore	Manager, Quality Assurance Operations
James Marr I Jim Marr	Group Lead, Director
James Matias	Biotechnologist Level 2
James O'Neil	Associate Director, Materials Management
James Pilbin	Manufacturing Supervisor
James Pollard	Manufacturing Associate Level 2
James Quinn [C]	Contingent Workers
James Robinson	Associate Director, Manufacturing
James Vautrot	Biotechnologist II
James Webb	Automation & MES Support Engineer Lvl 2
James Wiggin	Logistics Specialist II-Shipping
James Woods	Strategic Account Manager - Merck & Co.
Jamie Bowen [C]	Contingent Workers
Jamie Phontharaksa	Deviation Investigator Level 2
Jane O'Leary	Executive Director, Head Account Management US, Integrated Biologics
Janet Lim	Manufacturing Associate Level 1
Janet Schultz	Manager, QA
Janice Yost	QC Specialist V-Laboratory Information
Jarad Cloutier [C]	Contingent Workers
Jared Brown [C]	Contingent Workers
Jarek Maslowski	QC Specialist V-Systems
Jarin Tasmin	Controls Engineer Level 2

Jaroslaw Manczuk	Manufacturing Manager (Nights)
Jarrica Deberadinis [C]	Manufacturing Operator I
Jasmine Koh	Associate Director, QC
Jason Antonucci	Site Materials Requirements Planner
Jason Blye	Analytical Equipment Validation Specialist III
Jason Brown	MES Engineer
Jason Carignan	Process Technical Writer
Jason Cook [C]	Contingent Workers
Jason DeDonato	Sr. Manufacturing Associate II
Jason Gauthier	Fac Maint Mech Lead
Jason Hohenberger	QC Scientist II-Microbial Control
Jason Laureta [C]	Contingent Workers
Jason Leaning	Associate Director, Sales
Jason Leonard	Manufacturing Associate Level 1
Jason Madigan	QC PM I-Operations
Jason Paradis	Senior Specialist, Project Delivery AMER
Jason Reed [C]	Praktikant/Contractor
Jason Rhines	QC Analyst II-Raw Materials
Jason Rivera	Logistics Specialist III-Dispensing
Jason Robart	Manufacturing Associate III
Jason Sawyers [C]	Praktikant/Contractor
Jason Thibaudeau	Senior Project Engineer
Jason Veno	MSAT Data Process Specialist II
Jason Weinberger [C]	Senior Automation Engineer
Jaspreet Singh Notey	Manager, Cell Culture Development
Javeed Khan	Head of Finance, Integrated Biologics Portsmouth
Jay Belinskas	MES Engineer 2
Jay Lacharite	Senior Manufacturing Associate

Jayasree Keerthi [C]	Validation Specialist IV
Jayson Folsom	MSAT Process Engineer II
Jayson Vallee	Senior Manufacturing Project Specialist
Jean-Paul Ouellette	Chief of Staff
Jeanine Gigante	Senior Director, Program Management
Jeantalon Kri (On Leave)	QC Specialist I-Sample Management
Jeaustin Sirias [C]	Praktikant/Contractor
Jeff Andersen	Facilities Maintenance Technician 3
Jeff Love [C]	Contingent Workers
Jeff Staabs [C]	Contingent Workers
Jeffrey Bartman [C]	Praktikant/Contractor
Jeffrey Bowler [C]	Logistics Associate III
Jeffrey Emrich	Sr. Manufacturing Associate II
Jeffrey Forget I Jake Forget	Sr. Manufacturing Associate I
Jeffrey Henault I Jeffrey Henault	Sr. Manufacturing Associate I
Jeffrey Lancaster	Deviation Investigation Manager
Jeffrey Lundin	Head of Finance, CGT Portsmouth & Lexington
Jeffrey O'Connor	Executive Director, Commercial Development
Jeffrey Piper	Facilities Maintenance Mechanic Lv.4
Jeffrey Pitts I Jeff Pitts	Control Systems Engineer
Jeffrey Robinson I Jeff Robinson	Associate Director, MSAT
Jeffrey Sbonik	Senior Manager, Commercial Systems Lead
Jeffrey Silva	Sr. Manufacturing Associate I
Jeffrey Tomaselli	Director, BU Demand Planning
Jenifer Stickney	QA Specialist II-Operations
Jenn Smith [C]	Praktikant/Contractor
Jenna Clum-Russell	QA Specialist IV-QRM
Jenna McKenna	QA PM II-Operations

Jennalynn Coulp-Yu	Associate Director, Engineering
Jennifer Christen [C]	Contingent Workers
Jennifer Currier I Jenny Currier	Biotechnologist III
Jennifer Dubois	QC Analyst IV-Immunology
Jennifer Gauthier [C]	Contingent Workers
Jennifer Hammond	QA Specialist III-LSA
Jennifer Henley	Program Manager
Jennifer Lawrence	Associate Director, QA
Jennifer Metcalf	QC Analyst III-Immunology
JENNIFER MOORE	Biotechnologist III
Jennifer Moreau	Manufacturing Project Associate Level 2
Jennifer Murphy	Manager, Purification Development
Jennifer Ralls	Manufacturing Associate Level 1
Jennifer Ryan	Global Learning Manager
Jennifer Siple	Senior Manufacturing Project Specialist
Jennifer Skoolicas	Principal Biotechnologist
Jennifer Varney	Director, Global Project Quality Lead
Jennifer Vitlip	Manager, QA
Jennifer Whitten	Deviation Investigator Level 3
Jenny Pichardo [C]	Contingent Workers
Jeremiah Story	Manufacturing Project Associate Level 2
Jeremy Aubin	Manufacturing Associate Level 1
Jeremy Baker	Principal Biotechnologist
Jeremy Fleury	Biotechnologist II
Jeremy Gori	Manager, Manufacturing
Jeremy Hernandez	Manufacturing Associate Level 2
Jeremy Plante	QA Supervisor
Jeremy Pooler	QA Validation Specialist 2

Jeremy Rivard	Manufacturing Supervisor
Jeremy Roop [C]	Manufacturing Operator I
Jerry Palma	Manager, Project Delivery AMER
Jesse Bannister	Manufacturing Associate Level 1
Jesse Cobb	Site Transformation Lead
Jesse Jordan	Manufacturing Associate Level 1
Jesse Lavoie	Facilities Maintenance Mechanic Lv.4
Jesse O'Connor	Associate Director, QA
Jesse Rosmus [C]	Contingent Workers
Jessenia Mena [C]	Contingent Workers
Jessey Allyson	Senior Manufacturing Associate
Jessica Bairam	Manager, QA
Jessica Devoid	QA Specialist III-Operations
Jessica Driscoll [C]	Validation Engineer
Jessica Eisfeller	QA Specialist V-QAIAM
Jessica Gulezian	Sr. Manufacturing Associate I
Jessica Jean	Director QC Excellence, Global
Jessica Kling	QC Analyst III-Chromatography
Jessica Lajoie	Senior Business Development Specialist
Jessica Lucia [C]	Contingent Workers
Jessica Manuel	Manager, Program Management
Jessica Sampson	Associate Director, PMO
Jessica Steren	QA Specialist IV-Operations
Jesus Alberto Duran Torres [C]	Contingent Workers
Jillian Jannuzzi	Manufacturing Associate Level 3
Jillian Magnell	Biotechnologist Level 1
Jim Robbins [C]	Contractor - Engineering Graphics
Jim Sullivan	QC Scientist II - Technical Transfer

Jimmy Chery	Electrical Systems Technician L3
Jinkyu Lee	Senior Program Manager
Joan Callan I Joani Callan	Manufacturing Associate Level 1
Joan Castillo [C]	Contingent Workers
Joan Gauvin [C]	Contingent Workers
Joan Gomez I Victoria Gomez [C]	Praktikant/Contractor
Joanna Kaleta	Process Technical Writer 4
Joanna McCafferty	Director, Commercial Development
Joanna Zakharia [C]	Contingent Workers
Joanne Merrick	Head of Regulatory Affairs, CGT
Joanne Wyglinski	QC Scientist Lvl 1
Jocelyn Kearney	Head of Regulatory Affairs
Jodi Remington	Biotechnologist III
Joe Pinheiro [C]	Contingent Workers
Joe Schmauss [C]	Contingent Workers
Joe Thibault [C]	Praktikant/Contractor
Joel Hone	Manager, Engineering
Johanne Naughton	Manufacturing Associate Level 1
John Alfonso	Calibration Specialis Level 4
John Arakelian	QA Specialist III-Raw Materials Compliance
John Carmilia	Manufacturing Associate Level 1
John Chapin	Associate Director, GE Automation & MES-Standards
John Condosta	Senior Manager, Bio Engineering
John Csoros	MSAT Senior Scientist
John Cuneo	Associate Director, Operations (Lynx)
John Danko [C]	Engineer, Facilities / Engineering
John England	Engineering Services Maintenance Mechanic Lead
John Gibbons [C]	Biotechnologist Associate

John Giberti	Manager, Logistics
John Gilbert	Manufacturing Technical Manager, Ready
John Gunst [C]	Contingent Workers
John Haslam	Biotechnologist II
John Herrin	Associate Director, Site CAPEX
John Horvath (On Leave)	QA Specialist IV-Operations
John Johnston [C]	Contingent Workers
John Littlefield	Raw Materials Planner
John Mandigo [C]	Contingent Workers
John McGoldrick	Manager, Warehouse
John McLarney	Biotechnologist III
John Morrison	Manufacturing Associate III
John Morse	Director, Quality , Project Delivery Americas
John Moynihan	MSAT Scientist I
John Nardella [C]	Contingent Workers
John Nash	Facilities Maintenance Mechanic Lv.4
John O'Brien	Supervisor, Manufacturing
John Ricard	Biotechnologist III
John Robinson	Supervisor, Manufacturing
John Roy	Calibration Specialist LVL 4
John Shatinsky, Sr. I John Shatinsky, Sr.	Manager, Manufacturing
John Shufflebarger I Ryan Shufflebarger	Scientist II
John Slango [C]	Contingent Workers
John Vidal (On Leave)	Associate Director, Finance & Controlling
Johnathan Thompson	Manufacturing Associate Level 1
Johnny McVay (On Leave)	Manufacturing Associate III
Jon Denis [C]	Contingent Workers
Jon Lightfoot	Director, GE CQ - Standards

Jon Tyre	Controls Engineer LVL 2
Jonathan Kibirige [C]	Biotechnologist Associate
Jonathan Avila [C]	Contingent Workers
Jonathan Bairam	Director, Operations
Jonathan Bedell [C]	Process Engineer III
Jonathan Cashman-Aussant	Biotechnologist II
Jonathan Herman	Manufacturing Supervisor
Jonathan Hynes	Manager, Control Systems Engineering
Jonathan King	Senior Scientist
Jonathan LaChance	Scientist II
Jonathan Lilly	Associate Director, Engineering
Jonathan Pitts [C]	Operations Manager
Jonathan Ryan	Sr. Manufacturing Associate II
Jonathan Stevens	Sr. Manufacturing Associate II
Jonathan Zywusko	Senior Biotechnologist
Jordan Evely [C]	Contingent Workers
Jordan Fuller (On Leave)	Manufacturing Associate Level 3
Jordan Gingras [C]	Contingent Workers
Jordan Marifiote	Manufacturing Associate Level 3
Jordyn Dunham	MES Engineer 2
Jorge Erazo [C]	C&Q Engineer - Remote Support
Jose Cabrera [C]	Contingent Workers
Jose Cartagena [C]	QA Documentation Specialist I
Jose Rafael Rodriguez [C]	Contingent Workers
Jose Tormos	Associate Director, Account Management
Josefina Brown [C]	Contingent Workers
Joselyn Acuna Zuniga	Manager, Operational Excellence
Joselyn Carrion Carrion [C]	Contingent Workers

Joseph Bazemore [C]	Intern
Joseph Behre	Biotechnologist Level 1
Joseph Berger | Joe Berger	QA Specialist IV-Operations OTF
Joseph Bifulco	QC Scientist III-Microbial Control
Joseph Burt	Manufacturing Associate Level 3
Joseph Conley	Manager, Control Systems Engineering
Joseph Damian Fadri | Joseph Fadri	Biotechnologist III
Joseph DAoust	Maintenance Planner Level 2
Joseph DeCarolis III	Senior Biotechnologist
Joseph DeLoreto	QA PM III-Operations
Joseph Foote	Electrical Systems Tech Lead
Joseph Friel	Manufacturing Associate Level 1
Joseph Gonsalves	Manufacturing Associate Level 1
Joseph Graff	Senior Scientist
Joseph Hile	Supervisor, Manufacturing
Joseph Kelliher	MSAT Senior Process Engineer
Joseph O'Brien | Joe O'Brien	Director, GE Automation & MES AMER
Joseph Piccolo	Facilities Maintenance Technician 3
Joseph Primavera [C]	Contingent Workers
Joseph Quartuccio	Biotechnologist II
Joseph Ricker	Senior Manufacturing Associate
Joseph Riggle [C]	Manufacturing Operator I
Joseph Rockelein	Manufacturing Associate Level 1
Joseph Vogel | Joe Vogel	Production Engineer 2
Joseph Zanfagna | Joey Zanfagna	MES Engineer 1
Josh Binder [C]	Praktikant/Contractor
Josh Warmoth [C]	Contingent Workers
Joshua Beaudet	Engineer

Joshua Blase	QC Scientist II - Technical Transfer
Joshua Cohen	Manufacturing Associate Level 1
Joshua Doda	Manufacturing Associate Level 3
Joshua Furlong	Biotechnologist I
Joshua Gamble	Manufacturing Associate Level 2
Joshua Green I Josh Green	Head of CGT Program Management, Portsmouth
Joshua James	MSAT Scientist III
Joshua Martin	Supervisor, Manufacturing
Joshua Ngo [C]	Contingent Workers
Joshua Rinella	Supervisor, QC
Joshua Taylor	QA Validation Specialist Level 4
Joshua Vafides	Manufacturing Associate Level 1
Joshua Zagar I Josh Zagar	Manufacturing Associate Level 1
Josiah Stevens	Manufacturing Associate Level 3
Joy Clark	Manufacturing Associate Level 2
Joy Onyullo	MSAT Scientist II
Juan Carlos Valerio Severino [C]	Contingent Workers
Juan Firpo [C]	Contingent Workers
Julia Finley [C]	Contingent Workers
Julia Rienzo	QC PM I-Operations
Julia Vaughan	QC Analyst II-Electrophoresis
Julia Wirth [C]	Contingent Workers
Julian Gomes [C]	Contingent Workers
Juliana Puskar	QA Specialist III-Raw Materials Compliance
Julianna Cannell	Associate Program Manager
Julianna Hromis I Julie Hromis	QC Analyst I-Raw Materials
Julianna Sagliano	Master Materials Planner
Julianna Slaughter	Manufacturing Associate Level 2

Julie Bogart	QA Specialist IV-Raw Materials
Julie Hebert	QA Validation Specialist Lvl 3
Julie Pappas	QC PM II-Operations
Jun Zhou I Linda Zhou	Associate Director, Business Development
Juniette Fifield [C]	Praktikant/Contractor
Justice Buckley	Biotechnologist II
Justin Barrett	Logistics Specialist II-Warehouse
Justin Brown	Senior Manufacturing Project Specialist
Justin Cournoyer	Process Engineer 2
Justin Couturier [C]	Contingent Workers
Justin Gossett	QC Analyst II-Microbiology
Justin Holt	Biotechnologist I
Justin Hudson	Logistics Specialist I-Receiving
Justin Lark	Manufacturing Associate Level 1
Justin Parker	MSAT Senior Scientist
Justin Rennebu	Senior Biotechnologist
Justine Jesse	MSAT Senior Engineer
Ka Wai Kwok	Senior Manufacturing Project Specialist
Kaelyn Butler	Biotechnologist I
Kailee Sprague	Manufacturing Associate Level 1
Kaitlyn Tanner	QC Program Coordinator I
Kaitlyn Wilson I Kaitlyn Istnick	Biotechnologist II
Kamal Kaur	Manufacturing Associate Level 1
Kami Mearkle [C]	Biotechnologist Associate
Kandibanda Sainath [C]	Engineering Assistant I
Kandym Tulo	Electrical Systems Technician Level 3
Kara Lamprey	Biotechnologist III
Karan Kolnure [C]	Contingent Workers

Karen de la O [C]	Contingent Workers
Karen Semo	QC Specialist V-Systems
Kari Wood	Logistics Specialist II-Warehouse
Karin Schlicht	MSAT Senior Scientist
Karla Jimenez [C]	Contingent Workers
Karla Navarro [C]	Contingent Workers
Karthik Ananthasivan	Senior Manufacturing Technical Specialist
Katarina Lavertue (On Leave)	Manufacturing Associate Level II
Kate Bouffard [C]	Talent Advisor
Kate Machamer	QC Analyst III-Electrophoresis
Kate Stoncius	Engineer
Katelyn Heath	Senior Training Specialist
Katelyn Kwoka	QA PM III-Operations
Katelyn Potter	Program Manager
Katelynn Young	QC Project Specialist II-Microbial Control
Katherine Andreozzi	Head of Technical Writing Group
Katherine Faulkner	Associate Director, Business Development
Katherine Harpster	Manufacturing Associate Level 1
Katherine Sorber	QA Specialist 3
Katherine Stout	Supervisor, Manufacturing
Katherine Williamson	Manufacturing Associate Level 3
Kathleen Seymour	Environmental Health & Safety Administrative Assistant
Kathryn Adams	Scientist I
Kathryn Black (On Leave)	Associate Director, MSAT
Kathryn Bloomberg	QC Project Specialist II-Systems
Kathryn Brooks I Kat Brooks	Manufacturing Associate Level 1
Kathryn Smith	Manufacturing Associate Level 1
Kathryn Wolf	Associate Director, Engineering

Kati McCarron	QC Analyst III-Operations
Katie Blair	MSAT Scientist II
Katie Dudley	Logistics Coordinator IV-Materials
Katie Goulet	Sr Manufacturing Project Specialist
Katja Thomas [C]	Program Coordinator III
Katrina Dallaire	QA Specialist V-PQR
Katrina Fritz	Manufacturing Associate Level 2
Kaumudi Dande [C]	Intern
Kaydian Soares	Manufacturing Associate Level 3
Kayla LaRoche	Manufacturing Project Specialist
Kaylee Burroughs	QC Analyst III-Electrophoresis
Kedar Patil	Systems Engineer 2
Keegan Donahue	QA Specialist IV-Operations
Keely McMonigle [C]	Intern
Keghan Myers [C]	Intern
Keith April	Fac. Maint. Mech. LVL 4
Keith Banyas [C]	Operational Buyer Indirect III
Keith Shain [C]	Contingent Workers
Keith Tang [C]	Contingent Workers
Kelley Kinney-Sewell I Kelley Sewell	Supply Chain Project Manager
Kellie Kennedy	QC Specialist III-Stability
Kelly Elliott	Sr. Specialist, Quality Assurance
Kelly Kane [C]	Biotechnologist Associate
Kelly Marion	Sr. Manufacturing Associate I
Kelly Mulligan	Technical Writing Group Lead
Kelly Richards	Global Biologics Product Owner-dashboarding MVDA & reporting
Kelly Walheim [C]	Contingent Workers
Kelly Yang	Continuous Improvement Manager

Kelsey Cappa	Manufacturing Supervisor
Kelsey Escobar	Process Technical Writer 4
Kelsey MacCallum	MSAT Scientist I
Kendall Kitchen	Scientist I, Research & Development
Kendalyn Grant	Engineer 2
Kennedy Sheafe	Manufacturing Associate Level 2
Kenneth Choi [C]	Contingent Workers
Kenneth John Keery I Kenneth Keery	Associate Director, Manufacturing
Kenneth Lord I Austin Lord	Manufacturing Associate Level 3
Kenneth Sturgill	Manufacturing Associate Level 2
Keona Alston [C]	Manufacturing Operator I
Kerin Willard	Principle PM, Cell Therapy Albacore
Kerri Edwards	Head of MSAT Technology Transfer
Kerri Staruk	Senior Training Specialist
Kerrie Garland	Biotechnologist III
Kevin Champagne [C]	Contingent Workers
Kevin Conley	Supervisor, QC
Kevin Delaney	Senior QA Specialist 2
Kevin Drees	QC Scientist I - Technical Transfer
Kevin Duffy	Fac Maint Mech Lead
Kevin Hurley	Senior Manufacturing Associate
Kevin Huynh [C]	Logistics Specialist III
Kevin Kennedy [C]	Contingent Workers
Kevin Kerls	Site Head Portsmouth
Kevin Kimball	QA Specialist IV-Operations
Kevin Klosek-Stevens	Manufacturing Associate I
Kevin Mason	Associate Director, Business Development East Coast US
Kevin Mitchell [C]	Contingent Workers

Kevin Ruse	Logistics Coordinator IV-Inventory
Kevin Sheehan [C]	Contingent Workers
Kevin Small [C]	Contractor - New England Spin Tech
Kevin Wong	Principal Biotechnologist
Kevin Wong	Biotechnologist Level 3
Keyonta Smith-Hurt [C]	Contingent Workers
Khanh Dan Ngo	Manufacturing Associate Level 2
Khanh Su | Kylie Su	MSAT Data Scientist
Khoa Pham	Supervisor, Technical Services
Kieran Crowley [C]	Contingent Workers
Kim Bonanno	Manufacturing Services Associate Level 2
Kim Reilly	Senior Buyer I
Kim Yeow Yong	MSAT Process Engineer II
Kimberly Fenton	Biotechnologist I
Kinjal Sukani [C]	Contingent Workers
Kira Gusciora	Process Technical Writer 2
Kirk McConnell	Manufacturing Associate III
Kirstie Kester	Manufacturing Associate Level 3
Kody Hummer (On Leave)	Biotechnologist II
Kristal Berger	Manufacturing Project Specialist
Kristen Diffin	Analytical Equipment Validation Lead
KRISTEN JAGIELSKI (On Leave)	Supervisor, Manufacturing
Kristen Shiner	Manager, Quality Control Compliance
Kristi Cooper [C]	Contractor - NEC
Kristie Mowinski	Calibration Admin
Kristin Bell	Deviation Investigator 1
Kristin Ford [C]	Contingent Workers
Kristin Ward	Manager, Warehouse

Kristina McNeal	QC Senior Analyst
Kristina Tecca	Manufacturing Associate Level 1
Kristine Fantasia | Krissy Fantasia	Manufacturing Project Specialist
Kristopher Moulton	Logistics Specialist II-Warehouse
Kristopher Tiernan	Associate Director, Site CAPEX Planning & Sustainability
Kristy Mahoney [C]	Praktikant/Contractor
Kristyn LaPointe	Sr Manufacturing Project Specialist
Kulin Krishnan	CPV Scientist I
Kurt Kimball	Senior Director, Engineering
Kurt Rockstrom	Equipment Validation Specialist
Kyle Ball	Manufacturing Associate Level 1
Kyle Hanson	QC Analyst II-Microbial Control
Kyle Johnson [C]	Praktikant/Contractor
Kyle Libbey	CPV Scientist I
Kyle Palmer	Senior Biotechnologist
Kylee George [C]	Biotechnologist Associate
Laetitia Rodes	Senior Director, Head of Business Development North America East, Specialized Modalities
Lalit Kagliwal	Associate Director, Program Management
Lane Sandler	Control Systems Engineer 2
Laong Dao Chanthapho	QC Analyst I-Microbial Control
Larry DeBattiste [C]	Contingent Workers
Larry Hart [C]	Contingent Workers
Laura Lonabaugh	65002 Manufacturing Project Associate Level II
Lauren Buzinski	Sr. Manufacturing Associate I
Lauren Mezquita	Manufacturing Associate Level 1
Lauren Miller	QC Scientist I-Technical Transfer
Lauren Moulton	QA Specialist III-Operations

Laurie Roy	Senior Raw Materials QA Specialist
LaVon Brathwaite	Analytical Equipment Validation Specialist III
Layla Ritscher [C]	Intern
Lee Dupuis	Production Planner II
Leif Crook	Biotechnologist II
Leigh Ivey III | Leigh Ivey	Site Scheduler
Leilani Cannon	Director, Account Management US West
Leo Brown [C]	Manufacturing Operator I
Leon Bolden	Manufacturing Associate Level 1
Leon Vallone	Senior Facilities Maintenance Technician
Leslie Fister	Associate Director, GE Automation & MES - Standards
Lewis Grant	Senior Manufacturing Associate
Liam Corless	Plant Engineer Level 2
Liam Howard	QC Analyst III- Raw Materials
Liam Lamarine [C]	Contingent Workers
Liam MacNeil	Manufacturing Associate Level 1
Liam Wheeler [C]	Intern
Libenny Cepeda [C]	Contingent Workers
Linda Millette	QC Project Specialist II-Systems
Lindsay Letourneau	Senior ERP Process/ Data Management Specialist
Lindsey French	Senior Biotechnologist
Lindsey Hui [C]	Intern
Lindsey Talon	QC Specialist IV-Systems
Lionel Bertschy	MSAT Scientist III
Lisa Julian	Director, Operational Excellence
Lisa Ochanda	Manufacturing Associate Level 1
Lisa Sue Wood	Manager, Data Management Process
Lisa Trudeau	Manufacturing Associate Level 3

Liz Dore [C]	Contingent Workers
Lizandra Fralick	Senior Process Validation Scientist
Llarili Rodriguez [C]	Contingent Workers
Loc Le	Biotechnologist II
Logan Bruss	MSAT Scientist III
Logan Forest	Facilities Maintenance Mechanic Lv.2
Logan Gilbert	Manufacturing Services Associate Level 2
Logan Goldberg [C]	Engineering Assistant I
Logan Ostrowski [C]	Biotechnologist Associate
Logan Russell	Senior Manufacturing Project Specialist
Logan Shea	Systems Development Engineer I
Lora Miner	Sr. Administrative Assistant
Loren Hebert	Manufacturing Associate Level 1
Lori Kotce	QA Specialist IV-Operations
Louis Burrows	Maintenance Scheduler Level 1
Louis Nuzzo [C]	Contingent Workers
Louis Schneyder [C]	Contingent Workers
Louise King	QC Specialist IV-Systems
Lucas Archibald	Biotechnologist I
Lucas Cleary [C]	Contingent Workers
Lucas Hefler [C]	Praktikant/Contractor
Lucas Tremblay [C]	Praktikant/Contractor
Luciane Sleiman	Analytical Equipment Validation Specialist IV
Lucien Bronder-Giroux	QA PM I-Operations
Lugh Ryan [C]	Contingent Workers
Luis Gallegos	MSAT Process Engineer II
Luis Munoz [C]	Contingent Workers
Luis Rattia	Reliability Engineer

Luis Sahagun	Manufacturing Expert
Luiz Rosario Rojas [C]	Contingent Workers
Lukas Griffin	QA Specialist III-Operations
Lukasz Nosek	Head Drug Product Sales
Luke Barden	Control Systems Engineer 1
Luke St. Pierre [C]	Contingent Workers
Luke Van Lehman	Senior Business Development Specialist
Luke Vartuli [C]	Contingent Workers
Lydia Kaply	Manufacturing Project Associate Level 2
Lynda Caron	Manufacturing Associate III
Lynda Mckenzie [C]	Contingent Workers
Lynda Miller	QA Specialist IV-Operations
Maacha Acosta [C]	Contingent Workers
Mackenzie Witham	QC Analyst III-Electrophoresis
Mackinnon Frost [C]	Contingent Workers
MacNeill Carey Matthews [C]	Biotechnologist Associate
Madeline Frattaroli	Senior Manager, Project Delivery AMER
Madeline Ishak [C]	Contingent Workers
Madelinne Powers	QC Analyst II-Immunology
Madison Fjeld [C]	Intern
Madison Hoyt	Deviation Investigator Level 3
Madison Lord | Maddie Lord	Manufacturing Associate Level 2
Madison Malcolm	Manufacturing Associate III
Madison Neathawk	QC Analyst II-Microbial Control
Madison Soucy	Operational Buyer Direct II
Magdalena Gauden	Associate Director, QC
Maher Ally [C]	Contingent Workers
Mahima Gudipudi [C]	Project Engineer III

Mahyar Zarei	Manufacturing Associate Level 1
Manuel Farias	Sr Manufacturing Associate II
Marc Brennan	QA Validation Specialist 4
Marc Salvas	Biotechnologist III
Marc Waters	Calibration Specialist Level 4
Marcal Pou [C]	C&Q Engineer - Remote Support
Marcia Antunes	Senior Manufacturing Project Specialist
Marco dos Santos	QA Specialist IV-Operations
Marcos Barrionuevo [C]	Intern
Marcos Gonzalez	MSAT Scientist II
Margaret Chase	MSAT Process Engineer III
Margaret Martin | Maggie Martin	QC Analyst 2
Maria Arias Evangelista [C]	Contingent Workers
Maria Camila Echeverri Gaviria | Camila Echeverri	Process Validation Scientist II
Maria Cruz Palacin Losada | Cruz Palacin	Head Operational Excellence Specialized Modalities
Maria Dos Santos	Logistics Specialist II-Dispensing
Maria Esther Puntiel de Aldebot [C]	Contingent Workers
Maria Platt | Pao Platt	QA Specialist III-Operations
Maria Seneres	Senior Biotechnologist
Mariana Velez Llorens	MSAT Process Engineer II
Marie Marche	Associate Program Manager
Marina Austin	QC Analyst III-Microbial Control
Marina Galvao [C]	Contingent Workers
Marinha Capela [C]	Contingent Workers
Mario Breton [C]	Contingent Workers
Marisol Barrera [C]	Contingent Workers
Marissa Dickson	Lead Scientist
Marissa Turgeon	Logistics Specialist II-Warehouse

Mark Bossie	Maintenance Planner Level 1
Mark Browne [C]	Contingent Workers
Mark Choma	QA Specialist III-Systems
Mark Holloway [C]	Contingent Workers
Mark Howard	Logistics Specialist II-FPA
Mark Lee	Facilities Maintenance Technician 3
Mark Mednikov	QC Scientist Cell Therapy
Mark Noseworthy [C]	Contingent Workers
Mark Offermann	Control Systems Engineer 2
Mark Panaro	Director, Indirect Procurement, Americas
Mark Rapoza	Sr. Manufacturing Associate I
Mark Wolfenden	QC Scientist II - Technical Transfer
Mark-Henry Kamga	Manager, MSAT
Marsha Blanchette	CMMS Program Administrator
Marshall LeBel	Senior Facilities Maintenance Technician
Marshall Pletcher	Plant Engineer Lvl 1
Martha Dibble	Senior Manufacturing Associate
Martin Brown [C]	Praktikant/Contractor
Martin LaRoche [C]	Contingent Workers
Martin Leschke [C]	Contingent Workers
Martin Lowe	Senior Manufacturing Associate 2
Mary Cook [C]	Contingent Workers
Mary Hafez	QA Specialist III-Lot Review
Mary Pontrello [C]	Contingent Workers
Mary Veysey	Manufacturing Associate Level 1
Mason Griffin	Logistics Specialist II-FPA
Mathew Belgarde	QC Analyst V-Chromatography
Matt Conway [C]	Contingent Workers

Matt Loguidice	Supervisor, Manufacturing
Matt Robbins [C]	Contractor - JDM Company
Matthew Abronze	Sr. Manufacturing Associate II
Matthew Anderson	EHS Specialist Lvl 3
Matthew Beaudoin	Training Lead
Matthew Bechard	Logistics Specialist II-Shipping
Matthew Brennan	Supervisor, Manufacturing
Matthew Chalker | Duke Chalker	Director, Business Development
Matthew Cook [C]	Intern
Matthew Davis	Manufacturing Associate Level 2
Matthew Dodge	Control Systems Engineer 2
Matthew French	Manufacturing Associate Level 1
Matthew Gregoire	Manufacturing Associate II
Matthew Hoover	QA Specialist IV-Operations
Matthew Krengel	Manager, QC
Matthew Krizovsky	Documentation/Quality Systems Specialist II
Matthew Mack	QA Specialist IV-QAIAM
Matthew MacKnight	Program Manager
Matthew Mazzone	Supervisor, QA Validation
Matthew Minakowski	Director, Commercial Development, Mammalian
Matthew Odom	Process Technical Writer 4
Matthew Palazzola	QA Specialist V-QMS
Matthew Plumpton [C]	Contingent Workers
Matthew Quandt [C]	Contingent Workers
Matthew Ravizza	Senior Manufacturing Project Specialist
Matthew Reitan	Sr Process Automation Engineer
Matthew Remington | Matt Remington	Senior Manufacturing Associate
Matthew Salemy	Sr. Project Engineer

Matthew Senzapaura	Buyer
Matthew Serpis	Control Systems Engineer 2
Matthew Servantes	Asset Business Partner
Matthew Steenbergen	Manager, Quality Control Microbiology - LSA
Matthew Sullivan	Production Engineer 2
Matthew Tardif	QC Analyst V-Chromatography
Matthew Vaillancourt	Automation GMP Readiness Specialist
Matthew Walsh [C]	Contingent Workers
Matthew Whitnell	QC Analyst III-Microbial Control
Maurice Doiron [C]	Contractor
Max Moreau	QC Analyst II-Electrophoresis
Max Porter [C]	Contingent Workers
Max Sanderson [C]	Validation Engineer
Maxwell Leavitt	Biotechnologist I
Meaghan Robidoux	Manufacturing Associate Level 2
Medini Weerasinghe	QC Analyst 3
Megan Alix	Senior QC Analyst
Megan Newcombe	Associate Director, QC
Megan Rohm	Program Manager
Meghan Costello	QC Analyst 1
Meghan Jordan	Program Manager
Meghan Maguire	Associate Director, Manufacturing
Meghan Swaim	Plant Engineer
Melani Gantes	Vacaville Integration Workstream Team - QMS
Melanie Giberti	Deviation Investigation Writer Level 2
Melanie Gomes	QC Analyst I - Microbiology
Melanie Gonzalez	Manufacturing Associate Level 1
Melina Hernandez [C]	Contingent Workers

Melissa Burrows	Manufacturing Associate Level 2
Melissa Carlyon	MSAT Principle Scientist
Melissa Couture	MSAT Scientist II
Melissa Gemme	QA Specialist V-PQR
Melissa Harman	Associate Director, Manufacturing
Melissa Hartford	QA Technical Documentation Manager
Melissa Merrill [C]	Contingent Workers
Melissa Stoudt	Director, GE CQ AMER
Melissa Sweeney	Senior Manufacturing Project Specialist
Melissa Tucker	QC Specialist IV-Laboratory Information
Melissah Romanos	Regulatory Affairs CMC Manager II
Micah MacDougall	Senior Manufacturing Associate
Michael Anderton I Mike Anderton	Senior Manager, Bio Engineering
Michael Armao	Manufacturing Associate Level 3
Michael Baljeu	Manager, Engineering
Michael Bates [C]	Contingent Workers
Michael Bellonzi I Mike Bellonzi	MES Enigneer 3
Michael Bonnevie	QC Specialist V-Operations
Michael Bruce	QC Scientist II - Technical Transfer
Michael Callahan	Supervisor, Manufacturing
Michael Cassidy	Principal Biotechnologist
Michael Chagnon	Asset Business Partner
Michael Chase	Process Technical Writer 3
Michael Cicio	Head of Operations
Michael Condella	Manufacturing Associate Level 1
Michael Crane	Associate Director, Manufacturing
Michael Cruz	Manufacturing Associate Level 1
Michael Dudley	Sr. Manufacturing Associate I

Michael Ecker	Controls Engineer LVL 3
Michael Fawcett [C]	Contingent Workers
Michael Feeney	Senior Manager, Project Delivery AMER
Michael Fraser	Senior Facilities Maintenance Technician
Michael Frigon	Manager, Site Supply Planner
Michael Hagerty [C]	Praktikant/Contractor
Michael Hartnett [C]	Contingent Worker
Michael Jacques	Facilities Maintenance Technician 3
Michael Jones	Sr. Manufacturing Associate II
Michael Lajoie	Sr. Manufacturing Associate I
Michael LaRose	Associate Director, Manufacturing
Michael Laviolet [C]	Contingent Workers
Michael Lear	Manufacturing Associate Level 2
Michael Malcuit	Senior Manufacturing Services Associate
Michael McCullock	MSAT Scientist III
Michael McGann	Facilities Maintenance Technician 3
Michael Mendonca	QC Analyst 3
Michael Miller	Global Biologics Product Owner – Data Management and Governance
Michael Page	Senior Manufacturing Associate
Michael Palazzolo	Biotechnologist II
Michael Pauley [C]	Praktikant/Contractor
Michael Proulx [C]	Project Manager III
Michael Reed	QA Specialist II-Raw Materials
Michael Rennebu	Analytical Equipment Validation Specialist II
Michael Robichaud [C]	Contingent Workers
MIchael Rodgers [C]	Praktikant/Contractor
Michael Roy [C]	Contingent Workers
Michael Ruby	QA Specialist III-Systems

Michael Sampson	Manufacturing Project Associate Level 2
Michael Sandusky	Senior Biotechnologist
Michael Schambach	QA Manager, Project Delivery Americas
Michael Sharamitaro	Calibration Specialist 2
Michael Strangie	Logistics Specialist III-Warehouse
Michael Tarbox	Facilities Maintenance Mechanic Lv.4
Michael Van Aken	Logistics Specialist III-FPA
Michael Weadick	QA Specialist V-Operations
Michael Wilson I Mike Wilson	Regulatory CMC Manager II
Michael Wolfendale	MES Engineer 1
Michael-Sean Cerullo [C]	Contingent Workers
Michaela Jacobs	MSAT Scientist III
Michal Graniczka	Manager, Bio Engineering
Michelle Angeloro	Sr. Manufacturing Associate I
Michelle Barboza	MES Engineer 2
Michelle Foster	Head of Supply Chain
Michelle Heim I Shelly Heim	Manufacturing Associate Level 1
Michelle Mailhot	Manufacturing Associate Level 3
Michelle Minot	QA PM I-Operations
Michelle Parisi (On Leave)	Technical Writing Group Supervisor
Michelle Salvucci	Associate Process Validation Scientist
Michelle Servantes	Manufacturing Project Specialist
Michelle Vansantvoord	Associate CPV Scientist
Michelle Wasserman	Head of Organizational Transformation
Miguel Garrido Castro [C]	Contingent Workers
Miguel Matos	Manufacturing Associate Level 2
Miguel Soto	Biotechnologist III
Mike Ballou [C]	Contingent Workers

Mike Byrnes [C]	Contingent Workers
Mike Garibaldi [C]	Lynx MES Contractor
Mike Gowen [C]	Praktikant/Contractor
Mike Haskell [C]	Contractor
Mikhil Ashtekar	Computer Systems Validation Lead Engineer
Milen Todorov [C]	Contingent Workers
Mili Pathak	MSAT Manager
Milikit Jaleta [C]	Contingent Workers
Milton Chacon [C]	Contingent Workers
Milton Contreras [C]	Contingent Workers
Miranda Conary | Miranda Blase	Manager, Program Management
Miranda Vaughan	Senior Automation Engineer
Mirasol Krizovsky [C]	Contingent Workers
Mohamed Attia	Associate Director, GE Project Controls AMER
Mohammad Bilal	MSAT Scientist II
Mohammed Riaz [C]	CQV Engineer
Mohan Kumar Nalkunda Somalingappa | Mohan Kumar N S	MSAT Associate Principal Scientist
Molly Goelzer	MSAT Senior Scientist
Molly Maliska	Senior Scientist
Molly Parent	Supply Chain Specialist
Molly Snowdale [C]	Contingent Workers
Moneruba Rihi	Analytical Equipment Validation Specialist II
Monica Jurrissen	Group Operations Training Manager
Morgan Linney	QC Analyst II-Immunology
Morgan Sawyer	Supervisor, Manufacturing
Muizz Hassanali [C]	Praktikant/Contractor
Murali Buddhavarapu	Senior Regulatory Affairs CMC Specialist
Mustapha Layadi [C]	Contractor

Myles Walker [C]	Contingent Workers
Myna Adhikari [C]	Biotechnologist Associate
Myra Pray [C]	Contingent Workers
Nadia Keokominh	QC Analyst I-Microbial Control
Nadia Sahir	Senior Scientist
Naeleh Sapienza I Naeleh Marin	MSAT Process Validation Scientist I
Nancy Duarte	Manager, QA Compliance
Nancy Fernandes (On Leave)	Lead Scientist, R&D
Nara Ok	Senior Manufacturing Associate
Natalie Mahoney	Business Process Architect P2M CDMO Planning of Batches
Nathan Baril	QC Analyst 2
Nathan Carhuff	QC Analyst II-Microbial Control
Nathan Nuon	Manufacturing Associate Level 3
Nathan Shenoy	QC Analyst I-Microbial Control
Nathaniel Grelling	MSAT Engineer II
Nathaniel Thomas	Logistics Specialist II-Warehouse
Nathaniel Tzizik-Swanson I Nathaniel Swanson	MSAT Associate Principal Engineer
Navya Sahithi Vankayalapati	MSAT Scientist III
Naya Leslie [C]	Intern
Neel Patel [C]	Contingent Workers
Neha Kulkarni [C]	Contingent Workers
Neil McShane	Senior Manufacturing Associate
Neuris Hernandez [C]	Contingent Workers
Nicee Roger Zoyem Meli	Manufacturing Associate Level 1
Nichalas Hiotelis [C]	Biotechnologist Associate
Nicholas Cappa	Operational Buyer Direct II
Nicholas DiLiegro Jr I Nick DiLiegro Jr	Manufacturing Associate Level 2
Nicholas Foster	Supervisor, Manufacturing

Nicholas Grant	MES Engineer 2
Nicholas Marino	Senior Manufacturing Associate
Nicholas Pelletier	Associate Director, Manufacturing
Nicholas Poulin [C]	Engineering Assistant I
Nicholas Rainsford	Utilities and HVAC Engineer
Nicholas Rainville	MSAT Scientist II
Nicholas Salamone	Supervisor, Process Engineering
Nicholas Sanders	QC Analyst 2
Nicholas Staniec	Manufacturing Associate Level 1
Nicholas Vetrano [C]	Contingent Workers
Nicholas Walker [C]	Contingent Workers
Nichole Clark	QC Analyst III-Immunology
Nick Lawrence [C]	Contingent Workers
Nick Scavotto [C]	Praktikant/Contractor
Nick Sholtis [C]	Contingent Workers
Nick Underwood	QC Analyst I-Microbial Control
Nicki Rollins	Analytical Equipment Validation Specialist IV
Nickolas Fortunata	Manufacturing Associate Level 1
Nicky Lam	QA Specialist III-Operations
Nicolas McCarthy	Maintenance Planner Level 1
Nicole Bosco	Manager, QA Validation
Nicole Bourque	Senior Logistics Analyst
Nicole Brown	Director, Program Management
Nicole Foss	Associate Director, Engineering
Nicole Nickerson	Senior Program Manager, Associate Director
Nicole Noyes	MES Engineer 3
Nicole Page	Principal Investigator I
Nicole Torossian-Chery (On Leave)	QC Analyst II-Chromatography

Nicolette Schiavone [C]	Contingent Workers
Nieves Baez [C]	Contingent Workers
Nihan Karadeniz [C]	Manufacturing Operator I
Nikolai Mongroo I Nik Mongroo	Executive Director, Portfolio Management
Nilesh Kharva [C]	Contingent Workers
Nina Tittensor [C]	Validation Engineer
Noah Abasciano	QC Analyst II-Microbial Control
Noah Ford [C]	Manufacturing Operator I
Noah Longo	Manufacturing Associate Level 1
Noah Loomis	QC Analyst III-Microbial Control
Noah Parks [C]	Contingent Workers
Noah Urban [C]	Praktikant/Contractor
Noel Li	MSAT Scientist III
Nora Cox	QC Analyst IV-Technical Transfer
Nora Robichaud	Manufacturing Associate Level 1
Norman Denoncour	Manufacturing Associate Level 1
Olivia Jewett	Manufacturing Associate Level 2
Olivia Lessard	Manufacturing Associate Level 2
Omar Rodriguez Cruz [C]	Contingent Workers
Oree Banks I Michael Banks	Executive Director, PMO
Orion Hayes [C]	Process Engineer III
Orlando Castro [C]	Contingent Workers
Osvaldo Olivieri [C]	C&Q Engineer - Remote Support
Ouleye Diallo	Biotechnologist I
Owen McElearney	QC Analyst 2
Owen Mound	Biotechnologist III
Palak Jain	Capex Project Engineer
Pamela Acosta Gomez	Manufacturing Associate Level 1

Pankaj Kulkarni [C]	Contingent Workers
Paolo Aparo I Paul Aparo	Controls Engineer LVL 1
Parker Baumann	QC Analyst III
Parker Scogland	Control Systems Engineer 2
Patricia Buelvas [C]	Contingent Workers
Patricia Delgado	Manufacturing Associate Level 1
Patricia Jones	Manufacturing Supervisor
Patricia Pettinati [C]	Data Entry Operator III
Patrick Barrows	Senior Manufacturing Associate 2
Patrick Connolly	Material Requirements Planner
Patrick Crowley	Associate Director, Supply Chain Albacore, Specialized Modalities
Patrick Egan [C]	Praktikant/Contractor
Patrick Kennedy [C]	Praktikant/Contractor
Patrick McBride	Manufacturing Associate Level 1
Patrick O'Brien	Manufacturing Associate Level 1
Patrick Ouellette	QA Specialist III-Raw Materials Compliance
Patrick Priester I PJ Priester	Director, Sales
Patrick Rafferty	MRO Inventory Controller Level 3
Patrick Smith	Senior Director, Project Delivery AMER
Patrick Spenard	Facilities Maintenance Technician 3
Patrick Sullivan	Manufacturing Associate Level 3
Patrick Williams	Engineering Manager, Maintenance
Paul Bell	Sr. Manufacturing Associate II
Paul Burmeister [C]	Praktikant/Contractor
Paul Corey [C]	Contingent Workers
Paul DiCalogero	Logistics Specialist III-Dispensing
Paul Harvey	Supervisor, Manufacturing
Paul Hynes	Manufacturing Associate Level 1

Paul Lemoi	Head of MSAT Data Science
Paul MacNeil	Facilities Maintenance Mechanic
Paul Mooney [C]	Praktikant/Contractor
Paul Murray [C]	Contingent Workers
Paul Pease	Sr Process Automation Engineer
Paul Romesburg	Senior Director, Sales
Paul Snowdale [C]	Contingent Workers
Payton Leigh	Manufacturing Associate Level 2
Peggy Jo Fague	Technical Sales & Proposals Senior Manager
Penelope Brooks-McAllister | Penelope Brooks	QA Specialist IV-Raw Materials
Petar Bebic	QC Analyst III-Electrophoresis
Peter Andrewchuk	Electrical Systems Tech Lvl 4
Peter Aviles | Jay Aviles	Manufacturing Associate III
Peter Cormier	Senior QA Validation Specialist 1
Peter Hyde	Engineer
Peter Karls [C]	Contingent Workers
Peter Leon [C]	Contingent Workers
Peter Oakes	Senior Deviation Investigator 2
Peter Sanfacon	Controls Engineer LVL 4
Peter Wirth	QC Analyst I-Microbial Control
Peter-James Gaudie | PJ Gaudie	Tempus Architecture Expert
Phani Kolipaka | Shravani Kolipaka	Manager, QA
Phetlamphone Souvanthong	Manufacturing Associate Level 2
Philip Bean	Manager, Quality Assurance
Philip Robinson	Sr. Manufacturing Associate II
Philip Wyman	Senior Biotechnologist
Philip Young Jr	Logistics Specialist III-FPA
Phillip Yoder	Manufacturing Associate Level 2

Phoebe Nitchals [C]	Intern
Pilar Deleon [C]	Contingent Workers
Poh Lin Tan	Director, Project Delivery Front End
Pooja Asrani [C]	Operational Buyer Indirect III
Porfirio Rodriguez Baez [C]	Contingent Workers
Prashant Mavani [C]	Contingent Workers
Prathyusha Guttikonda	Associate Director, QA
Priyanka Lakhimsetti	QC Analyst II-Microbial Control
Qiongying Huang I Veronica Huang	Associate Director, Licensing
QiXun Frankie Chen [C]	Contingent Workers
Quinn Poole	Associate Scientist
Quy Pham	Manufacturing Associate Level 1
Rachael Miller	Senior Buyer I
Rachel Bowles	Training Lead
Rachel Carr	Logistics Specialist III-Sampling
Rachel Donner	QC Supervisor
Rachel Howard	Senior Strategic Buyer - Indirect - Hybrid
Rachel Mowder	Director, Program Management
Rachel Richard	Biotechnologist Level 2
Rachely Sanchez-Murray [C]	Contingent Workers
Raidiris Lopez [C]	Contingent Workers
Rainer Spies [C]	Contingent Workers
Rainy Encarnacion [C]	Contingent Workers
Raistlin Bryant	QA Compliance Specialist 2
Rajashekar Muthyam I Raja Muthyam	QC Analyst 2
Rajashekar Peeta	Analytical Equipment Validation Specialist II
Rajat Sharma	MSAT Senior Scientist, Upstream
Ralph Girardi	Senior Director, Head of Global Quality Service Center

Ramesh Venna	Senior Regulatory Affairs CMC Specialist
Ramya Keerthi Pasupuleti	MSAT Senior Scientist
Randall Spayd	Director, Project Delivery AMER
Randolph Bussey I Rand Bussey [C]	Contingent Workers
Randy Sprague [C]	Contingent Workers
Randy Tibbetts	Electrical Systems Tech Lead
Ranjeet Pokharel (On Leave)	QA Computer Systems Validation Specialist Level 3
Rares Tarta [C]	Praktikant/Contractor
Raul Melendez	Senior QA Specialist
Raveena Pinto	QA Computer System Validation Specialist Level 3
Ravneet Singh Kanda [C]	Contingent Workers
Ray Bencherif	Biotechnologist Level 3
Ray Bronkema	Manufacturing Associate III
Ray Paradis [C]	Contingent Workers
Raymond Pye [C]	Praktikant/Contractor
Rebecca Blanchette	QA Specialist III-Raw Materials Compliance
Rebecca Cassidy	Associate Director, Operations
Rebecca Dowling (On Leave)	Biotechnologist III
Rebecca Dudley	Sr. Manufacturing Associate I
Rebecca McGoldrick	Manufacturing Project Specialist
Rebecca Schilling I Becky Schilling	Biotechnologist II
Rebecca Schoenherr	Senior Contracts & Claims Manager
Rebecca Terrinha	Senior Manufacturing Project Specialist
Rebecca Wallace	Manufacturing Associate Level 1
Reed Thomas	Strategic Operations Manager
Reginald Johnson	Logistics Specialist II-Receiving
Rene Sellinger [C]	Contingent Workers
Renee Tremblay	Director, Strategic Accounts

Rhea Hernandez [C]	Biotechnologist Associate
Rhiannon Jacobs	QA Project Manager, LSA
Richard Burton	QA Specialist II-Records
Richard Callan	Senior Graphic Designer
Richard Chen	Biotechnologist III
Richard Clough | Rich Clough	Manager, IT
Richard Diment	MES Engineer
Richard Gamache	Operational Technology Systems Supervisor
Richard Hebert [C]	Contingent Workers
Richard Mattice [C]	Contingent Workers
Richard Michiels	Logistics Specialist III-Receiving
Richard Nkansah	Associate Director, Account Management
Richard Ouellette	Scheduler
Richard Randall	Control Systems Engineer 2
Richard Rogers	Manufacturing Associate Level 3
Richard Russo | Ricky Russo	Senior Biotechnologist
Richard Tyler	Sr. Manufacturing Associate I
Richard Vaddi	MSAT Data Scientist
Richi Sethi [C]	Contingent Workers
Riley Culhane	Senior Training Specialist
Ritchie Rompas	Manufacturing Associate Level 1
Riya Patel	Scientist II
Robb Cavanaugh	QA Specialist V-PQR
Robert Barton (On Leave)	Supervisor, Manufacturing
Robert Beams	Head of Development & Process Validation
Robert Briggs | Bob Briggs	Supervisor Facilities Maintenance
Robert Cappucci	Calibration Specialist 1
Robert Chenard [C]	Contingent Workers

Robert de la O [C]	Contingent Workers
Robert DelaCruz	Logistics Specialist II-Dispensing
Robert DuBois	Facilities Maintenance Engineer
Robert Ferullo	QC Specialist II-Laboratory Information
Robert Gaudreau	Senior Manufacturing Associate
Robert Gonsalves	Associate Director, Engineering
Robert Grassi	Associate Director, MSAT, Global
Robert Holmes	Supervisor, Manufacturing
Robert Horton I Rob Horton	Senior Manager, Controls Engineering
Robert Kadlik	Plant Engineer Lvl 2
Robert Keith	Manufacturing Associate Level 2
Robert Knightly	QC Specialist III-Laboratory Information
Robert LaPointe	Senior Biotechnologist
Robert Menard [C]	Contingent Workers
Robert Oberlander	QC Analyst V-Raw Materials
Robert Ruggerio [C]	Contingent Workers
Robert Sheldon	Supervisor, Manufacturing Engineering
Robert Shoemake	Manufacturing Associate Level 2
Robert Thomas III	QC Specialist II-Laboratory Information
Robert Toriello	Associate Director, Manufacturing
Robert West	Manufacturing Associate III
Robert Zenner	Facilities Maintenance Technician 3
Robin Coffey	Senior ERP Process/ Data Management Specialist
Rodrigo Berrocal	Manufacturing Associate Level 1
Roger Connolly	Lead Scientist, R&D
Roger Cook [C]	Contingent Workers
Roger Michaud	Sr. Manufacturing Associate I
Rohan Balanene	Computers Systems Validation Engineer

Roli Parsai [C]	Contingent Workers
Ron Lagasse [C]	Contingent Workers
Ronald French	Manager, Customer Proposals
Ronald Lariviere I Randy Lariviere	Manufacturing Associate Level 3
Ronald Long	Sr. Manufacturing Associate I
Ronnie Bajko [C]	Contingent Workers
Rosa Amparo [C]	Contingent Workers
Rosemary Wambu Kinyua [C]	Contingent Workers
Roy Newell I Roy Newell	Supervisor, Manufacturing
Ruchi Bansal	Scientist II, Quality Control - LSA
Russell Lewis	Systems Engineer Level 4
Ryan Ahern	Control Systems Engineer 2
Ryan Audet [C]	Contingent Workers
Ryan Barnard	Manufacturing Associate Level 2
Ryan Cavanaugh	Controls Engineer Level 4
Ryan DAlleva	Senior Logistics Analyst
Ryan Despins	Associate Director, Engineering
Ryan Desroche [C]	Contingent Workers
Ryan Dillingham	Senior Biotechnologist
Ryan Doherty	Supervisor, Technical Services
Ryan Foley	MSAT Scientist III
Ryan Gardner	QC Project Specialist I-Microbial Control
Ryan Gillan	Asset Head - Lynx
Ryan Gotthardt	Manufacturing Associate Level 1
Ryan Hamer [C]	Facilities Technician III
Ryan Holder	Executive Director, Operations
Ryan Jacques	Calibration Technician
Ryan Johnson	Manager, QA Compliance

Ryan Leach	Manufacturing Associate Level 1
Ryan Macdougall	Supervisor, R&D
Ryan Marshall [C]	Contingent Workers
Ryan Morrison	Reliability Engineer
Ryan Mullen	QC Analyst 2
Ryan O'Neill	MSAT Process Engineer III
Ryan Raymond	QA PM II-Operations
Ryan Ross	MSAT Supervisor
Ryan Tully	Facilities Maintenance Technician 3
Ryland Kenney	Global PM Expert
Sabrina Chan [C]	Intern
Sadie Donnelly	Biotechnologist II
Sai Krishna Raghavraju [C]	Process Engineer III
Sakthivel Anbalagan I Sakthivel Anbalagan	Associate Director, GE CQ/CSV
Salah Ichcho	Scientist II, Quality Control - LSA
Sally Suarez Alvarez [C]	Contingent Workers
Samantha Foster	Process Technical Writer III
Samantha Fox	Senior Scientist
Samantha Grondin	QA Specialist II-Operations
Samantha Hennequin	Senior Manufacturing Associate
Samantha Kriksceonaitis I Sam Kriksceonaitis	QC Analyst 3
Samantha Libby-Mignano (On Leave)	QA Specialist IV-Operations
Samantha McCarthy	QC Analyst 2
Samantha Miller	Deviation Investigator Level 3
Samantha Mundy	Biotechnologist III
Samantha Richardson	Senior Director, Quality
Samantha Scott	Biotechnologist Level 2
Samuel Beachard	Manufacturing Supervisor

Samuel Lafreniere [C]	Process Engineer III
Samuel Lavoie [C]	Intern
Samuel Morse I Sam Morse	Manufacturing Associate Level 1
Samuel Peasah [C]	Contingent Workers
Samuel Rodda	MSAT Process Engineer III
Sandra Burns [C]	Talent Advisor
Sandra Files	QC Specialist V-Documentation
Sandy Corporan-Alcantara [C]	Contingent Workers
Sanjana Suresh [C]	Biotechnologist Associate
Santhosh Balaraju Raj [C]	Biotechnologist Associate
Santos Santana [C]	Contingent Workers
Sapna Khatri (On Leave)	Planview Administrator
Sara Carlino	QA PM IV-Operations
Sara Duquette [C]	Contingent Workers
Sara Ireland	MSAT - Technical Writing Group Lead
Sarah Alvarez-Petit	Manufacturing Associate Level 1
Sarah Caldwell [C]	Contingent Workers
Sarah Denman	Manufacturing Associate Level 1
Sarah Lambert	Supervisor, MSAT
Sarah Leavitt I Sarah Liff	Manufacturing Suite Point of Contact
Sarah Locklin	Manufacturing Associate Level 1
Sarah Pleau	Scientist I
Sarah Rebane	Manufacturing Associate Level 2
Sarah Roberge	Principal Biotechnologist
Sarah Roy	Supervisor, Logistics
Sarah Schulenberg	Associate Director, MSAT
Sarah Tozier [C]	Project Engineer
Sarah Williams	QA PM II-Operations

Sarah Winkle	MES Engineer Lvl 4
Sasha Marasca	Senior Planview Architect
Sayali Waghmare	MSAT Scientist II
Sayde Coates	Manufacturing Associate Level 3
Scott Chase	QC Specialist I-Sample Management
Scott Cryer	Associate Director, IT Business Systems
Scott Hazard [C]	Contingent Workers
Scott Matthews	Associate Director, Project Delivery AMER
Scott Page	Calibration Lead
Scott Paradis	Manufacturing Associate III
Scott Sullivan [C]	CQV Project Lead
Scott Vavak	Manufacturing Associate Level 1
Sean Armstrong	QC Analyst II-Raw Materials
Sean Diver	Senior Director, Sales
Sean Ford	Facilities Maintenance Technician Level 4
Sean Hayes [C]	Contingent Workers
Sean Knight	Logistics Supervisor
Sean Mackell	Logistics Coordinator IV-Shipping
Sean McNeill	Project Engineer
Sean Narkun	Facilities Maintenance Mechanic Lv.3
Sean Poole	Manufacturing Associate Level 1
Sean Rienzo	Biotechnologist III
Sean Sturk [C]	Contractor
Sebastian Espinosa [C]	Praktikant/Contractor
Serafin Agramonte [C]	Contingent Workers
Seral Patel	MSAT Senior Scientist
Seth Sanborn	Automation and MES Support Specialist
Shadi Zamani	MES Engineer 2

Shadrach Ackah	Supervisor, Quality Analytical Operations
Shadrach Felder	Fac Maint Mech Lead
Shady Youwakim	Manager, MSAT
Shallan Keenan	QA Specialist IV-Lot Review
Shalyn LaPage	Computer Validation Specialist LVL 3
Shane Malavenda	Associate Director, Project Delivery AMER
Shane St. Laurent	Supervisor, Logistics
Shanel Javier-Peralta [C]	Biotechnologist Associate
Shannon Alvino	Biotechnologist II
Shannon Douglas	Biotechnologist III
Sharon Colacino	QC Scientist II-Microbial Control
Sharon Hayden	QC Scientist I-Microbial Control
Shawn Richer	Logistics Associate 2
Shawn Sommer	Associate Director, Business Development
Shawn Stevens	Manufacturing Associate III
Shawna Dembro	Sales Support Administrator
Shawnna Donahue [C]	Contingent Workers
Shay Burleigh	Senior Biotechnologist
Sheamus Adams	QC Analyst 2
Sheila McCawley	Manufacturing Project Specialist
Shelby Palmer	Principal Biotechnologist
Sheridan Gancarz	QC Analyst III-Microbial Control
Sheron Madison [C]	Sourcing Team Lead
Shireen Anne Abdallat	Manufacturing Associate Level 1
Shital Patel	Senior QA Specialist
Shria Kansra [C]	Biotechnologist Associate
Siera Valentin [C]	Contingent Workers
Silvia Hitijahubessy (On Leave)	Manufacturing Associate Level 3

Simardeep Singh	Validation Engineer 2
Skye Krueger	Manufacturing Associate III
Sofia DeMonico [C]	CQV Engineer
Solanlly Guzman [C]	Contingent Workers
Sonal Kagliwal I Sonal Agrawal	Deviation Investigator Level 2
Sonya Chandy [C]	Praktikant/Contractor
Sophia Cross	QC Analyst III-Immunology
Sophia Lee	QC Analyst 1
Sophia Nguyen [C]	Biotechnologist Associate
Sourabh Chakke I Sourabh Chakke	MES Engineer 2
Spencer Freeman [C]	Contingent Workers
Spencer Hagstrom [C]	Praktikant/Contractor
Spencer Hoyt	Supervisor, Logistics
Sree Snigdha Kolachana	Control Systems Engineer 2
Srigana Padamati	MSAT Associate Principal Process Engineer
Stacey Kelm	Biotechnologist 3
Stacie Santin	Director, Commercial Development
Stacie Smith	QA Specialist IV-Operations
Stavros Cholidis [C]	Talent Advisor
Stefanie Conboy	Logistics Associate 2
Steffen Schloeder [C]	Contingent Workers
Stephanie LaClair (On Leave)	Manager, Quality Analytical Testing Services
Stephanie Lehman	Deviation Investigator Level 1
Stephanie Parisi	Associate Director, MSAT
Stephanie Perkins	Manufacturing Associate Level 2
Stephanie Perron	Process Validation Scientist III
Stephanie Polidoro	Senior QC Analyst
Stephen Bottomley	Director, Commercial Development

Stephen Doherty	Sr. Manufacturing Associate I
Stephen Harding [C]	Contingent Workers
Stephen Hattan	QC Scientist III-Technical Transfer
Stephen Hohwald I Steve Hohwald	Head of Upstream Process MSAT
Stephen Jerge	Systems Engineer Level 3
Stephen Lim [C]	Contingent Workers
Stephen Moen	Calibration Specialist 2
Stephen Phillips [C]	Praktikant/Contractor
Stephen Pitts	MSAT Scientist II
Stephen Venuti (On Leave)	Senior Biotechnologist
Stephen Vratsenes	MSAT Scientist II
Steve Holland [C]	Praktikant/Contractor
Steve Lapanne Rose	Supervisor, Logistics
Steve Linehan [C]	Contingent Workers
Steve Wilson	Manufacturing Associate Level 2
Steven Aiton	Maintenance Planner Level 1
Steven Biesecker	Scientist QC
Steven Borg	QC Analyst III-Microbial Control
Steven Connick	Supervisor Facilities Maintenance
Steven Cote I Steve Cote	Sr. Manufacturing Associate I
Steven Gaulin	Senior Manufacturing Associate
Steven Heffernan [C]	Praktikant/Contractor
Steven Pelletier I Steve Pelletier	QC Scientist II-Raw Materials
Steven Saucier [C]	Contingent Workers
Steven Tucker	Sr. Manufacturing Associate I
Steven Weiners [C]	Validation Project Lead
Stuart Bates	Manager, QC
Stuart Varney	Senior Manager, Bio Engineering

Sukhdev Singh	IT Systems Engineer
Sukhil Babu [C]	Project Engineer II
Suliman Rodriguez [C]	C&Q Engineer - Remote Support
Supriya Somayajula	QA Validation Manager, Computer Systems
Susan Ricker	Supervisor, Manufacturing
Susanne Colletta	QA Specialist III-Operations
Suzanne Dennis [C]	Contingent Workers
Suzanne Rennels	Strategic Operations Manager
Suzanne Sullivan	Systems Engineer Level 4
Sylvia Reineke	Manufacturing Associate Level 1
Tadhg Curtin [C]	Contingent Workers - Cost Consultant
Tam Tran	Supervisor, QC
Tamanna Islam	Biotechnologist I
Tamara Smith	Senior Director, Account Management, US West Coast
Tania Tejada [C]	Contingent Workers
Tanner Call	Manager, Business Development
Tanya Raymond	Associate Director, Quality Assurance Sytems & Compliance
Tao Kurtz	Regulatory CMC Manager II
Tara Lynch [C]	Praktikant/Contractor
Taryn Stimson I Taryn Sunstrom	QC Analyst III-Microbial Control
Tate Perkins	Manufacturing Associate Level 1
Tatjana Dinse	Senior Financial Analyst
Taylor Belanger	Manufacturing Associate III
Taylor Hodgdon [C]	Intern
Taylor McReynolds	Associate Director, Business Development
Taylor Sudol	QC Specialist IV-Stability
TAYLOR WELLS	Principle Biotechnologist

Tazim Khan [C]	Praktikant/Contractor
Tejashkumar Patel	Senior Manager, GE Automation & MES AMER
Tejeswi Ragam [C]	Validation Engineer
Tenzin Dongshi [C]	Praktikant/Contractor
Terence O'Neill	MSAT Scientist III
Terrence Moody [C]	Praktikant/Contractor
Terrilynne Kershow I Terri Kershow	QC Analyst II-Chromatography
Tess Keating	Manufacturing Associate Level 1
Thaddaeus Webster	Supervisor, R&D
Thalia Tayara [C]	Engineering Assistant I
Theo Matulessy	Logistics Specialist II-Warehouse
Theresa Fister	QA Specialist IV-Raw Materials
Thomas Ahern I Tom Ahern	Manufacturing Associate Level 3
Thomas Anderson	MSAT Associate Principle Scientist
Thomas Banks [C]	Contingent Workers
Thomas Bergeron	Manufacturing Supervisor
THOMAS BOWER	QC Analyst IV-Operations
Thomas Carter	Plant Engineer 2
Thomas Cashell	Manager, Manufacturing
Thomas Christianson [C]	Praktikant/Contractor
Thomas Ellis	Senior Director, Engineering
Thomas Fleury	Systems Engineer Level 4
Thomas Foreman	Logistics Specialist II-Warehouse
Thomas Hilfer	MSAT Senior Manager
Thomas Koethe	Regulatory CMC Manager II
Thomas Linder [C]	Contingent Workers
Thomas Magee	Deviation Investigator Level 2
Thomas Mitchell	Logistics Specialist II-FPA

Thomas Pappalardo	Manufacturing Associate Level 2
Thomas Ray	QC Analyst I-Immunology
Thomas Roper	MSAT Senior Scientist
Thomas Sauro [C]	Contingent Workers
Thomas Wellwood	Logistics Coordinator IV-FPA/DISP
Thyme Abbott	Project Supervisor
Tia Chanthapho	MES Supervisor
Tiantian Hui (On Leave)	Manager, Customer Proposals
Tiffany Gill	Manufacturing Associate Level 1
Tim Cheramie	QA Specialist II-Operations
Tim DeBenedictis [C]	Contingent Workers
Tim Gagne [C]	Contingent Workers
Tim Lemieux [C]	Contingent Workers
Timothy Esquivel	QC Analyst III-Operations
Timothy Frazier	Senior Calibration Specialist
Timothy Garofano	Logistics Coordinator IV-Inventory
Timothy Houser	Manufacturing Associate Level 1
Timothy Mayo	QC Analyst II-Microbial Control
Ting-Wei Chiang I David Chiang	Manufacturing Associate Level 1
Toby Dornton [C]	Contingent Workers
Tod Marvell	Manufacturing Supervisor
Tod Thone	Senior Manufacturing Associate 2
Todd Nakrosis	Manufacturing Project Specialist
Tohina Mahinia	Senior QA Specialist
Tom Chlebecek [C]	Contingent Workers
Tonny Nugroho	Biotechnologist I
Tony Perez [C]	Contingent Workers
Tori Aboulgassem	Process Validation Scientist II

Tracy Gelsinger	Proposal Manager, Cell and Gene Therapy
Travis Bean [C]	Contingent Workers
Travis Bellows [C]	Process Engineer III
Travis Wiggin	QC Analyst V-Chromatography
Tre Robidoux	Biotechnologist III
Trevor Convent [C]	Intern
Trevor Massey	Associate Scientist
Trevor Smith	Manufacturing Associate Level 2
Trevor Vonn	Manufacturing Associate Level 1
Tristan Lee	Senior Utilities & HVAC Engineer
Tristan Wilkins	Global Head Asset & Design Mgt, Global Engineering
Troy Morgan	Electrical Systems Tech Supervisor
Tucker Gallant	Project Engineer
Tucker MacIsaac	Supervisor, Manufacturing
Twinkle Sharma [C]	Biotechnologist Associate
Tyler Campbell [C]	Praktikant/Contractor
Tyler Craigue [C]	Contingent Workers
Tyler Doiron [C]	Contingent Workers
Tyler Goodell	Manufacturing Associate Level 2
Tyler Hagstrom [C]	Talent Advisor
Tyler Johnson	Manager, QA
Tyler Johnson [C]	CQV Engineer
Tyler Koloski	QC Analyst 2
Tyler McCormick [C]	Contingent Workers
TYLER Mendenhall	Supervisor, Manufacturing
Tyler Norris	Manufacturing Associate II
Tyler Sharby	Analytical Equipment Vendor Program Lead
Tyler Soplanda	Facilities Maintenance Technician 2

Tyler Suprenant	Manufacturing Associate Level 1
Tyler Warburg	Senior Biotechnologist
Tyler Weir	Sr. Biotechnologist
Tyler Woods	Manufacturing Associate Level 3
Tyron Cargin	Manufacturing Associate Level 2
Ugnius Zilinskas	QC Analyst 3
Umair Bari	Senior Manufacturing Associate
Usha Sundar	Associate Director, QA Sterility Assurance - Cell Therapy
Vahid Hosseinpour Hashemi | Vahid Hashemi	QC Analyst III-Microbial Control
Valerie Charrel	Supervisor, Engineering
Valerie Gutierrez-Guzman	QC Analyst II-Microbial Control
Vallarie Hartford	Senior Manufacturing Associate
Vanessa McDonald [C]	Contingent Workers
Vatana Chen [C]	Intern
Vicki Dubreuil [C]	Contingent Workers
Victor Flucus	Control Systems Engineer 2
Victor Larivee	Principal Program Manager, Director
Victoria Bishop	Plant Engineer Lvl 2
Victoria PNG [C]	Contingent Workers
Vincent Battista	Calibration Lead
Vincent Loconte	Senior Biotechnologist
Viraj Thapa	Supervisor, Manufacturing
Viswachaithanya Penubolu	Associate Director, QC
Wade Barrette	Biotechnologist Level 2
Wayne Ayotte	Logistics Specialist II-Warehouse
Wayne Bananno [C]	Contingent Workers
Wayne Kettlewood	Logistics Specialist II-FPA
Weimin Lin	QC Scientist II-Raw Materials

Wen DeFilippo [C]	Biotechnologist Associate
Wendolyn Arias Evangelista [C]	Contingent Workers
Wendy McNulty	Manager, Analytical Development
Wenxin Du	MSAT Process Engineer III
Wilbert Ariel Perez Paulino [C]	Contingent Workers
Wilbur Hightower	Vacaville Integration Workstream Team - Quality
Wilburn Miller I Buster Miller	Manager, Automation Engineer
William Anctil I Will Anctil	MSAT Scientist III
William Beyer	Manufacturing Associate Level 2
William Cauley	Manufacturing Associate Level 1
William Champlin	Supervisor, Logistics
William Dileo	QC Specialist I-Sample Management
William Garnett	Senior Manager, Bio Engineering
William Hartley	Director, Commercial Development, Drug Product Services
William Hofacker	Senior Project Engineer
William Johnson	Facilities Maintenance Technician 3
William Kennedy	Engineer 2
William Koster	QA Specialist IV-Operations
William Randolph Jr I William Randolph	MSAT Scientist II
William Rice	QC Analyst II-Raw Materials
William Sanborn (On Leave)	Site Scheduler
William Stevens	Manufacturing Associate Level 1
William Stogryn [C]	Contingent Workers
William Tancrede [C]	Contingent Workers
William Trujillo	Biotechnologist II
William Voltz	Senior Facilities Maintenance Specialist 2
William Weber	QC Analyst II-Microbial Control
Wualter Ochoa [C]	Contingent Workers

Wyatt Burke	Controls Engineer LVL 1
Xiaohui Zeng-Elmore I Hui Elmore	QC Analyst 2
Yahaira Nunez Peralta [C]	Contingent Workers
Yalin Guo	MSAT Associate Principle Scientist
Yanely Millan	MSAT Principle Scientist
Yanjing Li	MSAT Associate Principal Scientist
Yanqueira Aracena de Flores [C]	Contingent Workers
Yasmina Yadollahifarsani I Yasmina Farsani	MES Engineer 3
Yeandry Belliard	Manufacturing Associate Level 2
Yelena Katalichenko	AP Process Excellence Specialist
Yelissa Guzman [C]	Contingent Workers
Yue Wang	Associate Director, Business Development
Zabrina Marino	Senior Training Specialist
Zachariah Doughty	Sr. Manufacturing Associate I
Zachary Ellis	Senior Manufacturing Associate
Zachary Ford	Biotechnologist III
Zachary Meisner	Manager, Manufacturing
Zachary Smith	Electrical Systems Technician L4
Zachary Toplak	Senior Manufacturing Associate
Zachary Walker	QC Analyst III-Microbial Control
Zackary Carbee	Manager, QC
Zaid Haddadin	Associate Director, Manufacturing
Zelita Morgan	QA Specialist II-QAIAM
Zhen Fang	Associate Director, QC
Zitao Liu （刘子韬）	Biotechnologist Level 3
Zoila Lopez [C]	Contingent Workers
Zulay Eliason [C]	Contingent Workers

4U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Reia, LLC

Physical Address: 411 Congress St

City: Portland State: ME Zip: 04101

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 917-719-0045 Website: reiahealth.com

Name of Designated Representative (DR): Ariana Sopher

Licensing Company Email: kaitlin@reiahealth.com DR Email: ari@reiahealth.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	■ Repacker
■ Hospitals	■ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New Hampshire

Parent Company (if any): _____

Corporation/Organization Name: Reia, LLC

Mailing Address: 331 River Rd

City: Lyme State: NH Zip: 03768

Telephone: 917-719-0045 Email: kaitlin@reiahealth.com

Contact Person Name: Kaitlin Maier

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Reia, LLC

Facility Name

ARIANA SOPHER

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

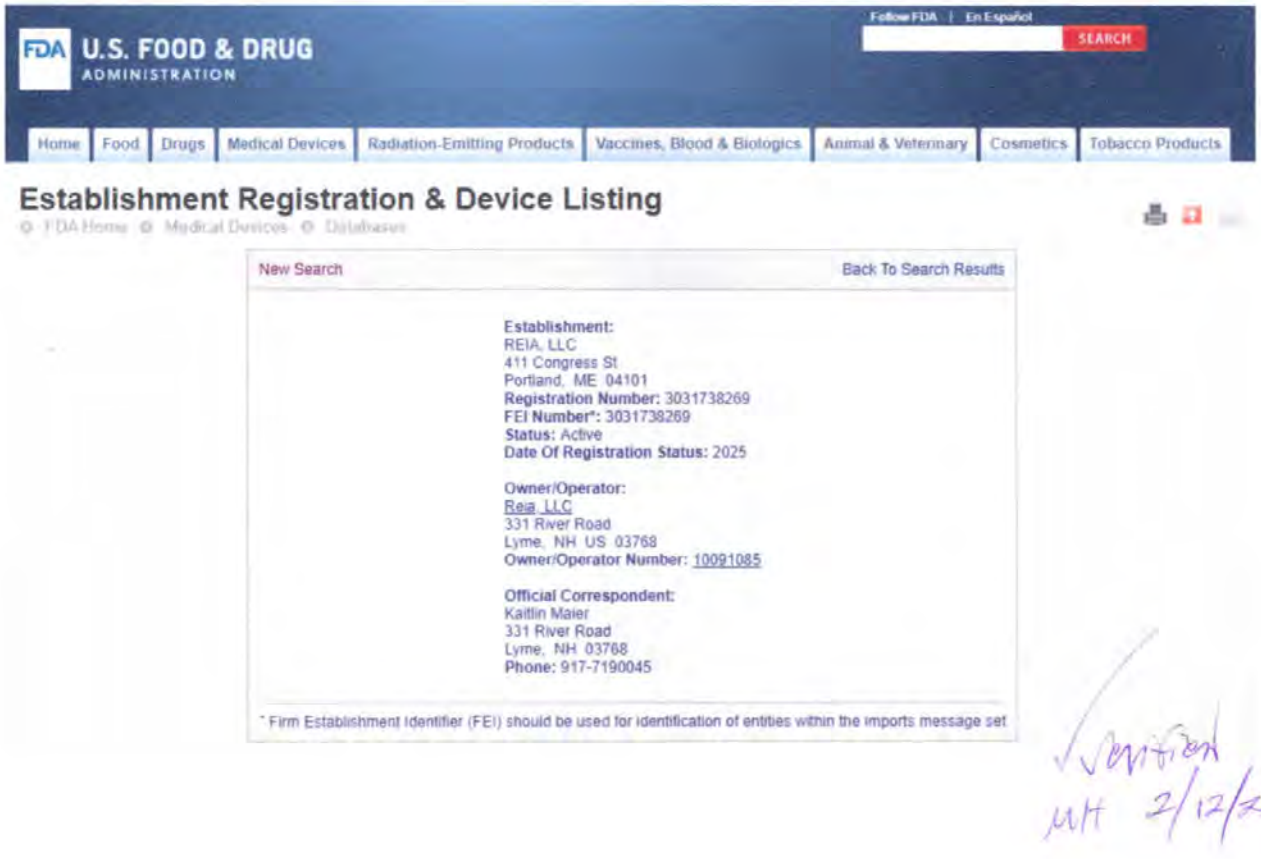
2/5/2025

Date

Board Use Only	Date Received: 2/10/25	Amount: $1000 CK 4197001825

Owner Operator Number	Listing Number	Premarket Submission Number	Product Code	Device Name	Registration Number	Activities
10091085	D539063	K232677	HHW	PESSARY, VAGINAL	3031738269	Complaint File Establishment
10091085	D539063	K232677	HHW	PESSARY, VAGINAL	3031738269	Repackager/ Relabeler
10091085	D539063	K232677	HHW	PESSARY, VAGINAL	3031738269	Specification Developer
10091085	D539064	N/A	HGD	APPLICATOR, VAGINAL	3031738269	Complaint File Establishment
10091085	D539064	N/A	HGD	APPLICATOR, VAGINAL	3031738269	Repackager/ Relabeler
10091085	D539064	N/A	HGD	APPLICATOR, VAGINAL	3031738269	Specification Developer

Please see below the FDA establishment registration and device listing for Reia, LLC.



FDA U.S. FOOD & DRUG ADMINISTRATION

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Establishment Registration & Device Listing

FDA Home > Medical Devices > Databases

New Search | Back To Search Results

Establishment:
REIA, LLC
411 Congress St
Portland, ME 04101
Registration Number: 3031738269
FEI Number*: 3031738269
Status: Active
Date Of Registration Status: 2025

Owner/Operator:
Reia, LLC
331 River Road
Lyme, NH US 03768
Owner/Operator Number: 10091085

Official Correspondent:
Kaitlin Maier
331 River Road
Lyme, NH 03768
Phone: 917-7190045

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

√ Verified MH 2/12/25

1.0 OFFICERS

Reia's four officers are listed in the below table.

Officer	Title
Kaitlin Maier	CEO
Ariana Sopher	COO
Meegan Daigler	CTO
Paul Hanissian	Chief Medical Officers

2.0 PARTNERS

Reia does not have a parent company and is wholly owned by the principal officers (with one officer, Paul Hanissian, holding the share in a trust, Auden McClure Trust). Percentage ownership is listed in the table below.

Name of Individual Owners of Reia, LLC	Share
Kaitlin Maier	25%
Ariana Sopher	25%
Meegan Daigler	25%
Auden McClure Trust (trust of officer Paul Hanissian)	25%

3.0 CERTIFICATE OF GOOD STANDING

Reia, LLC was formed in the state of New Hampshire (document provided). Additionally attached is the Statement of Foreign Qualifications to Conduct Activities from the state of Maine, where the repackaging facility is located.

4.0 EMPLOYEE LIST

Reia's employee list is the same as the officers.

Officer	Title
Kaitlin Maier	CEO
Ariana Sopher	COO
Meegan Daigler	CTO
Paul Hanissian	Chief Medical Officers

5.0 OUT-OF-STATE DISTRIBUTOR

Reia facility's resident state of Maine does not require licensure of medical devices. The Maine Board of Pharmacy rule stating this is provided.

6.0 FDA REGISTRATION

Please see below Reia's downloaded FDA FURLS Device Registration & Listing Module.

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that REIA, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on January 18, 2017. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **763159**

Certificate Number: **0007258670**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 15th day of August A.D. 2025.

David M. Scanlan

Secretary of State

State of Maine

Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the records of qualification of foreign limited liability companies in this State and annual reports filed by the same.

I further certify that REIA, LLC, a NEW HAMPSHIRE limited liability company, is a duly qualified foreign limited liability company under the laws of the State of Maine and that the qualification to conduct activities in this State was filed on August 8, 2024.

I further certify that said foreign limited liability company has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the qualification to conduct activities in this State and that according to the records in the Department of the Secretary of State, said foreign limited liability company is a legally existing limited liability company in good standing under the laws of the State of Maine at the present time.

In testimony whereof, *I have caused the Great Seal of the State of Maine to be hereunto affixed, given under my hand at Augusta, Maine, this fifteenth day of August 2025.*

Shenna Bellows

Shenna Bellows
Secretary of State

Authentication: 8014531

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
BOARD OF PHARMACY
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Paul R. LePage
Governor

Anne L. Head, Esq.
Commissioner

Geraldine L. Betts
Administrator

Proposed Pharmacy Rule Chapter 34-A
"Licensure of Retail Suppliers of Prescription Medical Devices"

While finalizing the adoption and filing of a rule that would require a limited pharmacy license for retail suppliers of prescription medical devices, the Board has decided that the rule as contemplated by the Board and other stakeholders would be counterproductive at this time. This decision flows from the Board's determination that its jurisdiction over suppliers of prescription medical devices is limited to those entities that supply devices that are required under federal or state law to be both prescribed by a practitioner and dispensed by a pharmacist.

The Maine Pharmacy Act defines the term "device" in 32 M.R.S. § 13702-A(8) as follows:

> "Device" means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent or other similar or related article, including any component part or accessory, that is required under federal or state law to be prescribed by a practitioner and dispensed by a pharmacist.

Maine's definition of "device" is much narrower than the federal definition. Not all things that are commonly understood to be medical devices are "devices" for purposes of the Maine Pharmacy Act. In sum, the Board's position is that entities that sell or supply medical instruments or articles that do not fall within the definition of "device" in 32 M.R.S. § 13702-A(8) are not subject to regulation by the Board by virtue of the sale and/or supply of such items. Therefore, the Board has decided not to pursue the adoption and filing of proposed Pharmacy Rule Chapter 34-A.

Unanimously accepted by the Maine Board of Pharmacy on: August 6, 2015
Joseph Bruno, R.Ph., Board President

Licensing (207)624-8579
Main Receptionist (207)624-8603
TTY users call Maine relay 711

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www.maine.gov/professionallicensing

Geraldine.L.Betts@maine.gov
Direct Line: (207)624-8625
Fax: (207)624-8666

OFFICE LOCATION: GARDINER ANNEX
76 NORTHERN AVENUE, GARDINER, MAINE

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/26/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 45 Constitution Ave P.O. Box 511 Concord NH 03301 License#: 0D69293	**CONTACT NAME:** Maureen Demick **PHONE (A/C, No, Ext):** 800-238-3840 **FAX (A/C, No):** 603-224-8012 **E-MAIL ADDRESS:** maureen_demick@ajg.com
INSURED Reia, LLC PO Box 122 Lyme NH 03768 REIALLC-01	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Markel American Insurance Company — 28932 **INSURER B :** Maine Employers' Mutual Insurance Co — 11149 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1444124734 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:	N	N	MKLM1PLS000071	7/22/2025	7/22/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Deductible	$ 1,000,000 $ $ $ Included $ 2,000,000 $ $ 5,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ $ $ $ $
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE 	$ $ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [Y] N/A If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	3102806824	7/22/2025	7/22/2026	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 500,000
A	Products/Completed Ops	N	N	MKLM1PLS000071	7/22/2025	7/22/2026	Each Claim Aggregate Deductible- Ea,Claim	1,000,000 1,000,000 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Products - Completed Operations: Claims Made - Retro Date: 11/15/2018
Workers Compensation/Employers Liability: 3.A. NH, CT, MA, ME, NY - Excluded Officers: Paul Hannissian
Location: 411 Congress Street, Portland, ME

Certificate Holder is included as an additional insured if required by written contract or agreement.

CERTIFICATE HOLDER

Nevada State Board of Pharmacy

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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MARKEL

Markel American Insurance Company

LIFE SCIENCES LIABILITY DECLARATIONS

CERTAIN INSURING AGREEMENTS OF THIS POLICY PROVIDE CLAIMS-MADE COVERAGE. CLAIMS-MADE COVERAGE REQUIRES THAT A CLAIM BE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD PROVIDED UNDER SECTION VII – EXTENDED REPORTING PERIODS.

AMOUNTS INCURRED AS DEFENSE COSTS WILL REDUCE THE LIMIT OF INSURANCE AVAILABLE AND WILL BE APPLIED AGAINST THE APPLICABLE DEDUCTIBLE.

POLICY NUMBER: MKLM1PLS000028 RENEWAL OF POLICY: MKLV1PLS000248

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)
Reia, LLC
331 River Rd
Lyme, NH 03768-3010

Policy Period: Inception 07/22/2024 Expiration 07/22/2025
at 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS				
☐ Individual	☐ Partnership	☐ Joint Venture	☒ LLC	☐ Other Organization:

Currency And Audit Period
Currency (if other than United States currency):
Audit Period (if other than Annual):

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, THE COMPANY AGREES WITH THE NAMED INSURED TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Producer Number, Name and Mailing Address
210027
Breckenridge Insurance Services, LLC
One Acadia Commons
Westbrook, ME, 04098

Insurance Agreements, Limits, Deductibles, And Retroactive Dates

Coverage applies only to the Insuring Agreements indicated with an X in the box(es) below.

☒ General Liability		
Limits Of Insurance:	$1,000,000 Each Occurrence Or Offense	$2,000,000 Aggregate
Deductibles:	$5,000 Each Occurrence Or Offense	$50,000 Aggregate
☒ Products-Completed Operations		Retroactive Date: 11/15/2018
Limits Of Insurance:	$1,000,000 Each Claim	$1,000,000 Aggregate
Deductibles:	$10,000 Each Claim	$50,000 Aggregate
☐ Errors And Omissions Liability		Retroactive Date:
Limits Of Insurance:	Each Claim	Aggregate
Deductibles:	Each Claim	Aggregate

Additional Coverages, Sublimits, Deductibles, And Coinsurance

Coverage applies only to the Additional Coverages indicated with an X in the box(es) below.

☒ Class 1 Product Recall Expenses		
Sublimit:	$250,000 Aggregate	
Deductible:	$10,000 Aggregate	Coinsurance: 10%
☐ Medical Expenses		
Sublimits:	Each Person	Aggregate
☒ Mitigation Expenses		
Sublimits:	$250,000 Each Circumstance	$250,000 Aggregate
		Coinsurance: 20%

Policy Aggregate Limit And Deductible

Policy Aggregate Limit Of Insurance: $2,000,000 Policy Aggregate Deductible: $50,000

Rating Basis

Revenue: N/A Clinical Trial Participants: 182
Rate Per $1,000:

Premium Audit

☒ Flat ☐ 10% ☐ 20% ☐ 30%

Premium

Estimated Annual Premium:	$11,494
Terrorism:	Not Purchased
Total Premium:	$11,494
Minimum Earned Premium:	25% of Total Premium

Endorsements

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:
SEE MDIL 1001 ATTACHED

These Declarations, together with the Submission Materials, Coverage Form and any Endorsement(s), complete the above numbered policy.

Countersigned: 07/31/2024 By: _____

DATE **AUTHORIZED REPRESENTATIVE**

TRAVELERS

Travelers Casualty and Surety Company of America
Hartford, CT 06183

RIDER

To be attached to and form part of Bond No. 108141329.

Issued on behalf of Reia, LLC as Principal, and in favor of Nevada State Board of Pharmacy as Obligee.

It is agreed that:

☐ 1. The Surety hereby gives its consent to change the Name:

from: _____

to: _____

☒ 2. The Surety hereby gives its consent to change the Address:

from: 331 River Road, Lyme, NH 03768

to: 411 Congress Street, Portland, ME 04101

☐ 3. The Surety hereby gives its consent to change the _____:

from: _____

to: _____

This rider shall become effective as of August 19, 2025

PROVIDED, however, that the liability of the Surety under the attached bond as changed by this rider shall not be cumulative.

Signed, sealed and dated August 19, 2025.

Travelers Casualty and Surety Company of America

By: _____
Mark J. Stevens
Attorney-in-Fact

Accepted: Nevada State Board of Pharmacy
Obligee

By: _____

or Reia, LLC
Principal

By: _____

S-4111 (8/66)

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Mark J Stevens** of **CONCORD**, **New Hampshire**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **19th** day of **August**, **2025**

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 108141329

Application/License No. _____

Reia, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 331 River Road, Lyme, NH 03768 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on December 9, 2024 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of December, 2024.

APPLICANT/PRINCIPAL
Reia, LLC

Authorized Representative

SURETY COMPANY
Travelers Casualty and Surety Company of America

Surety Company's Representative

Mark J. Stevens, Attorney-in-fact
print name

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
HARTFORD, CONN.

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Hannah Abbott

Witness Lynn Frechette

Countersigned by:

Nevada Resident Agent Christine Holman

Cumberland County, State of Maine
The foregoing instrument was acknowledged before me
this 29 day of January, 2025
by Arrana Sopher

Notary Public
My commission expires 08/06/2031

X Lillian Luttrell

State of Maine
Notary Public
Lillian Luttrell
My Commission Expires 8/6/2031

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Mark J Stevens** of **CONCORD**, **New Hampshire**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, **2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, **2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **9th** day of **December**, 2024

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Reia, LLC MDEG License # (if applicable) _____

Physical Address 411 Congress St

City Portland State ME Zip 04101

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 917 719-0045 Website reiahealth.com

Licensing Company Email meegan@reiahealth.com

Section 2: Personal Information

First Meegan Middle Patricia Last Daigler

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITI[redacted] Sex ☐ M ☒ F ☐ X

Mailing Addre[redacted]

City Portland State ME Zi[redacted]

Telephon[redacted] Email meegan@reiahealth.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Dartmouth College		09/10 - 06/15	
Address	**City**	**State**	**Zip**
6016 McNutt Hall	Hanover	NH	03755
Diploma/Degree obtained, if any			
Bachelor of Arts, Bachelor of Engineering			

School Name		From - To (MM/YY – MM/YY)	
Cheverus High School		09/06 - 06/10	
Address	**City**	**State**	**Zip**
267 Ocean Ave	Portland	ME	04103
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/23 - present	[redacted]	Portland	ME	[redacted]
07/20 - 07/23		Portland	ME	
12/15 - 07/20		Brooklyn	NY	
06/15 - 12/15		Gorham	ME	
09/10 - 06/15		Hanover	NH	
From - To (MM/YY – MM/YY)	Address	City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Reia, LLC			01/17 - present	
Business Address		**City**	**State**	**Zip**
331 River Rd		Lyme	NH	03768
Phone	**Title**		**Number of Employed Hours**	
917 719-0045	CTO		8800	

Description of Duties

Oversee customer experience, including design of instruction manuals, packaging, marketing/on-boarding materials, & website design and oversees product development, including designing, testing, manufacturing, & supply chain.

Business Name			From - To (MM/YY – MM/YY)	
Smart Design			06/15 - 04/20	
Business Address		**City**	**State**	**Zip**
63 Flushing Ave		Brooklyn	NY	11205
Phone	**Title**		**Number of Employed Hours**	
212 807-8150	Senior Design Engineer		8664	

Description of Duties

Design consultant - developed medical & non-medical products using user-centered design processes

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Meegan Daigler, **certify that as the MDEG Administrator for**

Reia, LLC,

that I (initial that you have read and meet the following requirements):

1. MD Have a high school diploma or its equivalent;
2. MD Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MD Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MD Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Meegan Daigler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

January 2, 2024

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Reia, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 411 Congress St

City Portland State ME Zip 04101

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 917-719-0045 Website _____

Licensing Company Email kaitlin@reiahealth.com

Section 2: Personal Information

First Ariana Middle Moselle Last Sopher

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITI [redacted] Sex ☐ M ☒ F ☐ X

Mailing Add [redacted]

City Portland State ME Zip [redacted]

Telephone [redacted] Email ari@reiahealth.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Dartmouth College		09/10-06/15	
Address	**City**	**State**	**Zip**
6016 McNutt Hall	Hanover	NH	03755
Diploma/Degree obtained, if any			
Bachelor of Engineering; Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
Harvard-Westlake School		09/05-06/09	
Address	**City**	**State**	**Zip**
3700 Coldwater Canyon Ave	Studio City	CA	91604
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/21-present	[redacted]	Portland	ME	[redacted]
7/20-9/21		Portland	ME	
10/16-7/20		Somerville	MA	
06/15-10/16		Norwich	VT	
From - To (MM/YY – MM/YY)		City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Reia, LLC			01/17-present	
Business Address		**City**	**State**	**Zip**
331 River Rd		Lyme	NH	03768
Phone	**Title**		**Number of Employed Hours**	
917-719-0045	COO		12,500	

Description of Duties

Oversees manufacturing, supply chain management, inventory control & order fulfillment. Developed & manages Reia's quality system, ensuring that manufacturing, shipping & distribution practices meet all required quality standards.

Business Name			From - To (MM/YY – MM/YY)	
Harmonic Drive LLC			5/17-12/18	
Business Address		**City**	**State**	**Zip**
42 Dunham Rdg Rd		Beverly	MA	01915
Phone	**Title**		**Number of Employed Hours**	
978-532-1800	Mechatronics Engineer		3,100	

Description of Duties

Worked on the Mechatronics Team to develop a new series of rotary actuators. Designed and developed a new, entirely custom assembly facility.

Business Name			From - To (MM/YY – MM/YY)	
Cold Regions Research and Engineering Laboratory			06/15-4/17	
Business Address		**City**	**State**	**Zip**
72 Lyme Rd		Hanover	NH	03755
Phone	**Title**		**Number of Employed Hours**	
N/A	Mechanical Engineer		3,800	

Description of Duties

Conducted data analysis of satellite imagery to determine soil properties remotely. Assisted with design and construction of a dust aerosol research test facility.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Ariana Sopher, **certify that as the designated representative for**

Reia, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AMS I am at least 21 years of age;
3. AMS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AMS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AMS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AMS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AMS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ariana Sopher

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/3/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ariana Sopher

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/29/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Maine, ss. County of Cumberland

I, Ariana Sopher, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/29/2025

Date

Subscribed and Sworn to before me this 29 day of January.

Notary Public Signature

State of Maine
Notary Public
Lillian Luttrell
My Commission Expires 8/6/2031

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Reia, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 411 Congress St

City Portland State ME Zip 04101

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 917-719-0045 Website _____

Licensing Company Email kaitlin@reiahealth.com

Section 2: Personal Information

First Kaitlin Middle Elizabeth Last Maier

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Addr[redacted]

City New York State NY Zip [redacted]

Telephon[redacted] Email kaitlin@reiahealth.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Dartmouth College			09/10-06/15
Address	**City**	**State**	**Zip**
6016 McNutt Hall	Hanover	NH	03755
Diploma/Degree obtained, if any			
Bachelor of Engineering; Bachelor of Arts			

School Name			From - To (MM/YY – MM/YY)
Darien High School			08/06-06/10
Address	**City**	**State**	**Zip**
80 High School Ln	Darien	CT	06820
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]	City	State	Zip
06/23-present		New York	NY	[redacted]
06/18-06/23		Darien	CT	
06/15-06/18		Cambridge	MA	
09/10-06/15		Hanover	NH	
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Reia, LLC			01/17-present
Business Address	**City**	**State**	**Zip**
331 River Rd	Lyme	NH	03768
Phone	**Title**		
917-719-0045	CEO		
Description of Duties			
Oversees business operations of Reia including product development, testing, regulatory compliance, sales & marketing, and business development			

Business Name			From - To (MM/YY – MM/YY)
Sherpa Technology Group			09/15-06/18
Business Address	**City**	**State**	**Zip**
184 High St	Boston	MA	02110
Phone	**Title**		
617-248-0030	Associate		
Description of Duties			
Analyzed competitive landscape and developed patent filing strategy for techology companies; Evaluated 40,000+ patents to make strategic recommendations on each individual patent			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below: N/A

KM
Original Signature (electronic, copies or stamps not accepted)

12/12/24
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kaitlin Maier

Print Name (First, Last)

KM

Original Signature (electronic, copies or stamps not accepted)

12/12/24

Date

Please have this section completed in the presence of a Notary Public.

State of Connecticut, ss. County of Fairfield : Darien

I, Kaitlin Maier, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

KM

Original Signature

12/12/24

Date

Subscribed and Sworn to before me this 12th day of December 2024

Blanche Parker

Notary Public Signature

STATE OF CONNECTICUT NOTARY PUBLIC

BLANCHE PARKER
My Commission Expires
April 30, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Reia, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 411 Congress St

City Portland State ME Zip 04101

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 917-719-0045 Website _____

Licensing Company Email kaitlin@reiahealth.com

Section 2: Personal Information

First Ariana Middle Moselle Last Sopher

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Addr [redacted]

City Portland State ME Zip [redacted]

Telephone [redacted] Email ari@reiahealth.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Dartmouth College		09/10-06/15	
Address	**City**	**State**	**Zip**
6016 McNutt Hall	Hanover	NH	03755
Diploma/Degree obtained, if any			
Bachelor of Engineering; Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
Harvard-Westlake School		09/05-06/09	
Address	**City**	**State**	**Zip**
3700 Coldwater Canyon Ave	Studio City	CA	91604
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/21-present	[redacted]	Portland	ME	[redacted]
From - To (MM/YY – MM/YY)		City	State	
7/20-9/21		Portland	ME	
From - To (MM/YY – MM/YY)		City	State	
10/16-7/20		Somerville	MA	
From - To (MM/YY – MM/YY)		City	State	
06/15-10/16		Norwich	VT	
From - To (MM/YY – MM/YY)		City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Reia, LLC			01/17-present
Business Address	**City**	**State**	**Zip**
331 River Rd	Lyme	NH	03768
Phone	**Title**		
917-719-0045	COO		

Description of Duties

Oversees manufacturing, supply chain management, inventory control & order fulfillment. Developed & manages Reia's quality system, ensuring that manufacturing, shipping & distribution practices meet all required quality standards.

Business Name			From - To (MM/YY – MM/YY)
Harmonic Drive LLC			5/17-12/18
Business Address	**City**	**State**	**Zip**
42 Dunham Rdg Rd	Beverly	MA	01915
Phone	**Title**		
978-532-1800	Mechatronics Engineer		

Description of Duties

Worked on the Mechatronics Team to develop a new series of rotary actuators. Designed and developed a new, entirely custom assembly facility

Business Name			From - To (MM/YY – MM/YY)
Cold Regions Research and Engineering Laboratory			06/15-4/17
Business Address	**City**	**State**	**Zip**
72 Lyme Rd	Hanover	NH	03755
Phone	**Title**		
N/A	Mechanical Engineer		

Description of Duties

Conducted data analysis of satellite imagery to determine soil properties remotely. Assisted with design and construction of a dust aerosol research test facility.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ariana Sopher

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/29/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Maine, ss. County of Cumberland

I, Ariana Sopher, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/29/2025

Date

Subscribed and Sworn to before me this 29 day of January.

Notary Public Signature

State of Maine
Notary Public
Lillian Luttrell
My Commission Expires 8/6/2031

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Reia, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 411 Congress St

City Portland State ME Zip 04101

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 917 719-0045 Website reiahealth.com

Licensing Company Email meegan@reiahealth.com

Section 2: Personal Information

First Meegan Middle Patricia Last Daigler

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Portland State ME Zip [redacted]

Telephone [redacted] Email meegan@reiahealth.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Dartmouth College			09/10 - 06/15
Address	**City**	**State**	**Zip**
6016 McNutt Hall	Hanover	NH	03755
Diploma/Degree obtained, if any			
Bachelor of Arts, Bachelor of Engineering			

School Name			From - To (MM/YY – MM/YY)
Cheverus High School			09/06 - 06/10
Address	**City**	**State**	**Zip**
267 Ocean Ave	Portland	ME	04103
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/23 - present	[redacted]	Portland	ME	[redacted]
07/20 - 07/23		Portland	ME	
12/15 - 07/20		Brooklyn	NY	
06/15 - 12/15		Gorham	ME	
09/10 - 06/15		Hanover	NH	
From - To (MM/YY – MM/YY)	Address	City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Reia, LLC			01/17 - present
Business Address	**City**	**State**	**Zip**
331 River Rd	Lyme	NH	03768
Phone	**Title**		
917 719-0045	CTO		

Description of Duties

Oversee customer experience, including design of instruction manuals, packaging, marketing/on-boarding materials, & website design and oversees product development, including designing, testing, manufacturing, & supply chain.

Business Name			From - To (MM/YY – MM/YY)
Smart Design			06/15 - 04/20
Business Address	**City**	**State**	**Zip**
63 Flushing Ave	Brooklyn	NY	11205
Phone	**Title**		
212 807-8150	Senior Design Engineer		

Description of Duties

Design consultant - developed medical & non-medical products using user-centered design processes

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Meegan Daigler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2025-01-23

Date

Please have this section completed in the presence of a Notary Public.

State of Maine, ss. County of Cumberland

I, Meegan Daigler, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2025-01-23

Date

Subscribed and Sworn to before me this 23rd day of January.

Notary Public Signature

State of Maine
Notary Public
Madison Whittier
My Commission Expires 8/27/2031

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Reia, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 411 Congress St

City Portland State ME Zip 04101

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 917-719-0045 Website _____

Licensing Company Email kaitlin@reiahealth.com

Section 2: Personal Information

First Auden Middle Curtis Last McClure

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Addr [redacted]

City Lyme State NH Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Bowdoin College			
Address	City	State	Zip
	Brunswick	ME	
Diploma/Degree obtained, if any			
Bachelor of Arts			

School Name			From - To (MM/YY – MM/YY)
The Madeira School			
Address	City	State	Zip
8328 Georgetown Pike	McLean	VA	22102
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2003-present	[redacted]	Lyme	NH	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Reia, LLC			01/17-present
Business Address	**City**	**State**	**Zip**
331 River Rd	Lyme	NH	03768
Phone	**Title**		
917-719-0045	CEO		
Description of Duties			
Owner (25%)			

Business Name			From - To (MM/YY – MM/YY)
Dartmouth Health			8/20-present
Business Address	**City**	**State**	**Zip**
1 Medical Center Drive	Lebanon	NH	03756
Phone	**Title**		
603 650 5000			
Description of Duties			
Staff Physician			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Auden McClure

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/8/25

Date

Please have this section completed in the presence of a Notary Public.

State of New Hampshire, ss. County of Grafton

I, Auden McClure, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/8/25

Date

Subscribed and Sworn to before me this 8th day of January 2025

Notary Public Signature

LORI L. AVERY
Justice of the Peace - New Hampshire
My Commission Expires August 5, 2025

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01546	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Safecor Health, LLC

Physical Address: 1718 Northrock Court

City: Rockford State: IL Zip: 61103

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 815-282-1201 Website: www.safecorhealth.com

Name of Designated Representative (DR): Edita Bugarin

Licensing Company Email: ebugarin@safecorhealth.com DR Email: ebugarin@safecorhealth.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☒ Controlled Substances	☒ Repacker
☒ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: OTC drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☒ Others: Wholesale Distributor

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _N/A_____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/2/25

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Mylan Pharmaceuticals Inc.
Address: 3711 Collins Ferry Road City: Morgantown State: WV Zip: 26505
Name: Teva Pharmaceuticals USA
Address: 1090 Horsham Road City: North Wales State: PA Zip: 19454
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): VSCP SH Intermediate, LLC
Corporation/Organization Name: Safecor Health, LLC
Mailing Address: 4060 Business Park Drive
City: Columbus State: OH Zip: 43204
Telephone: (646) 847-2438 Email: msaxon@safecorhealth.com
Contact Person Name: Mark Saxon

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Safecor Health, LLC

Facility Name

Mark Saxon

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

6/2/25

Date

Board Use Only	Date Received: 6/23/25	Amount: $1000-CK 1000002243

An official website of the United States government Here's how you know

FDA

Search Result

Share Tweet LinkedIn Email Print

Drug Establishments Current Registration Site

New Search

Search Results for *Safecor*

Showing 1 to 4 of 4 entries

Show ent

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Registration Expiration Date
Safecor Health, LLC	1218914	078805287	MANUFACTURE; PACK; RELABEL; REPACK	317 N. Boston St., Suite 100, Woburn, Massachusetts (MA) 01801, United States (USA)	12/31/2025
Safecor Health, LLC	1419886	116962167	LABEL; PACK; RELABEL; REPACK	1718 Northrock Court, Rockford, Illinois (IL) 61103, United States (USA)	12/31/2025
Safecor Health, LLC	3008841077	119087960	PACK; RELABEL; REPACK	4000 Business Park Drive, Columbus, Ohio (OH) 43204, United States (USA)	12/31/2025
Safecor Health, LLC	3008841077	828269675	PACK; RELABEL; REPACK	4060 Business Park Drive, Suite B, Columbus, Ohio (OH) 43204, United States (USA)	12/31/2025

Previous 1 Next

Data Current Through: Wednesday, Jun 18, 2025

New Search

Safecor Health, LLC
List of Owners and Officers

Safecor Health, LLC is 100% owned by VSCP SH Intermediate, LLC

Mark Saxon
CEO
4060 Business Park Drive
Columbus, OH 43204
Phone: 800-447-1006 x 3199

Safecor Health, LLC
List of Owners and Officers

Safecor Health, LLC is 100% owned by VSCP SH Intermediate, LLC

Mark Saxon
CEO
4060 Business Park Drive
Columbus, OH 43204
Phone: 800-447-1006 x 3199

Pre-close Organizational Chart

*Safecor Health LLC is acquiring certain assets of the licensed entity Mylan Institutional Inc. The licensed entity will be the applicant Safecor Health LLC upon close.

Post-close Organizational Chart

*Safecor Health LLC is acquiring certain assets of the licensed entity Mylan Institutional Inc. The licensed entity is applicant Safecor Health LLC.

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAFECOR HEALTH, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAFECOR HEALTH, LLC" WAS FORMED ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

4494176 8300

SR# 20253235863

Authentication: 204082683

Date: 06-30-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

State Of Delaware

THIS IS NOT AN OFFICAL CERTIFICATE OF STATUS

Date Retrieved: 6/6/2025 8:56:51AM

File Number: 4494176
Entity Name: SAFECOR HEALTH, LLC
Entity Kind: Limited Liability Company
Residency: Domestic
Status: Good Standing

Incorporation Date / Formation Date: 2/15/2008
Entity Type: General
State: DELAWARE
Status as of: 9/7/2023

Registered Agent Information

Name: CORPORATION SERVICE COMPANY
Address: 251 LITTLE FALLS DRIVE
City: WILMINGTON
State: DE
Phone: 302-636-5401

Country:
Postal Code: 19808

THIS IS NOT AN OFFICAL CERTIFICATE OF STATUS

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.005562

The person, firm, or corporation whose name appears on this certificate has compiled with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2026

LICENSED WHOLESALE DRUG DISTRIBUTOR

REPACKAGER

SAFECOR HEALTH LLC
EDITA BUGARIN
1718 NORTHROCK CT
ROCKFORD, IL 61103-1201

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

20236205

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3479268

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RS0704709	02-28-2026	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,4,5, L1	MANUFACTURER	08-06-2025

SAFECOR HEALTH LLC
1718 NORTHROCK CT
ROCKFORD, IL 611031201

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RS0704709	02-28-2026	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,4,5, L1	MANUFACTURER	08-06-2025

SAFECOR HEALTH LLC
1718 NORTHROCK CT
ROCKFORD, IL 611031201

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RS0704709	02-28-2026	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,4,5, L1	MANUFACTURER	08-06-2025

SAFECOR HEALTH LLC
1718 NORTHROCK CT
ROCKFORD, IL 611031201

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
8112

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
304.008063
004.005562

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2026

LICENSED CONTROLLED SUBSTANCE DRUG DIST

III IV V

SAFECOR HEALTH LLC
1718 NORTHROCK CT
ROCKFORD, IL 61103-1201

MARIO TRETO, JR.
SECRETARY

CAMILE LINDSAY
DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

20236207

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3479268

License Details

Contact
Contact Information

Name	City/State/Zip	DBA / AKA
Safecor Health LLC	Rockford, IL 61103	-

License
License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004005562	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	06/10/2025	06/10/2025	12/31/2026	N

Other Licenses
Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004002879	LICENSED WHOLESALE DRUG DISTRIBUTOR	NOT RENEWED	06/12/2009	10/14/2014	12/31/2016	N
004003296	LICENSED WHOLESALE DRUG DISTRIBUTOR	CHANGE OF OWNERSHIP	07/21/2011	11/18/2020	12/31/2022	N
004005060	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	06/04/2021	11/01/2024	12/31/2026	N
004005124	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	09/30/2021	11/01/2024	12/31/2026	N
004005565	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	06/10/2025	06/10/2025	12/31/2026	N
30*****18	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II III IV V)	ACTIVE	09/30/2021	11/01/2024	12/31/2026	N
30*****44	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II III IV V)	NOT RENEWED	06/12/2009	10/14/2014	12/31/2016	N
30*****58	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II III IV V)	CHANGE OF OWNERSHIP	07/21/2011	11/18/2020	12/31/2022	N
30*****63	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules III IV V)	ACTIVE	06/10/2025	06/10/2025	12/31/2026	N
30*****64	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules III IV V)	ACTIVE	06/10/2025	06/10/2025	12/31/2026	N

License Details

Illinois Department of Financial and Professional Regulation

Contact
Contact Information

Name	City/State/Zip	DBA / AKA
Safecor Health LLC	Rockford, IL 61103	-

License
License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
30*****63	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules III IV V)	ACTIVE	06/10/2025	06/10/2025	12/31/2026	N

Other Licenses
Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004002879	LICENSED WHOLESALE DRUG DISTRIBUTOR	NOT RENEWED	06/12/2009	10/14/2014	12/31/2016	N
004003296	LICENSED WHOLESALE DRUG DISTRIBUTOR	CHANGE OF OWNERSHIP	07/21/2011	11/18/2020	12/31/2022	N
004005060	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	06/04/2021	11/01/2024	12/31/2026	N
004005124	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	09/30/2021	11/01/2024	12/31/2026	N
004005562	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	06/10/2025	06/10/2025	12/31/2026	N
004005565	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	06/10/2025	06/10/2025	12/31/2026	N
30*****18	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II III IV V)	ACTIVE	09/30/2021	11/01/2024	12/31/2026	N
30*****44	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II III IV V)	NOT RENEWED	06/12/2009	10/14/2014	12/31/2016	N
30*****58	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II III IV V)	CHANGE OF OWNERSHIP	07/21/2011	11/18/2020	12/31/2022	N
30*****64	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules III IV V)	ACTIVE	06/10/2025	06/10/2025	12/31/2026	N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. CIC1938079

Application/License No. _____

SAFECOR HEALTH, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1718 Northrock Court, Rockford, IL 61103 (Address of Applicant/Principal), as PRINCIPAL, and Capitol Indemnity Corporation (Surety Company), a corporation organized under the laws of the state of Wisconsin (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1600 Aspen Commons, Suite 300, Middleton, WI 53562 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 07/09/2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 10th day of July, 20 25.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY
Capitol Indemnity Corporation

Surety Company's Representative

John Hulbert, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

CAPITOL INDEMNITY CORPORATION
POWER OF ATTORNEY

CIC1938079
Bond Number

KNOW ALL MEN BY THESE PRESENTS, That the **CAPITOL INDEMNITY CORPORATION,** a corporation of the State of Wisconsin, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

----------CHERYL TOOTLE; JENNIFER GERHARDT; JOHN HULBERT----------

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

----------ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: $20,000,000.00----------

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **CAPITOL INDEMNITY CORPORATION** at a meeting duly called and held on the 15th day of May, 2002.

"**RESOLVED,** that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner – Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the **CAPITOL INDEMNITY CORPORATION** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 1st day of September, 2022.

Attest:

Ryan J. Byrnes
Senior Vice President,
Chief Financial Officer and Treasurer

Todd Burrick
Chief Underwriting Officer

CAPITOL INDEMNITY CORPORATION CORPORATE SEAL WISCONSIN

CAPITOL INDEMNITY CORPORATION

Adam L. Sills
Chief Executive Officer and President

STATE OF WISCONSIN
COUNTY OF DANE } S.S.:

On the 1st day of September, 2022 before me personally came Adam L. Sills, to me known, who being by me duly sworn, did depose and say: that he resides in the County of New York, State of New York; that he is Chief Executive Officer and President of **CAPITOL INDEMNITY CORPORATION,** the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

DAVID J. REGELE NOTARY PUBLIC STATE OF WISCONSIN

David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN
COUNTY OF DANE } S.S.:

I, the undersigned, duly elected to the office stated below, now the incumbent in **CAPITOL INDEMNITY CORPORATION,** a Wisconsin Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 10th day of July, 20 25

CAPITOL INDEMNITY CORPORATION CORPORATE SEAL WISCONSIN

Suzanne M. Broadbent
Secretary

THIS DOCUMENT HAS BEEN GENERATED FOR A SPECIFIC BOND. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Ohio
County of Hamilton

Subscribed and sworn to (or affirmed) before me on this 10th day of July, 2025. by Mary L Tankersley,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

NOTARY PUBLIC STATE OF OHIO

MARY L TANKERSLEY
Notary Public
State of Ohio
My Comm. Expires
September 12, 2029

(Seal)

Signature Mary L Tankersley

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Safecor Health, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 1718 Northrock Court

City Rockford State IL Zip 61103

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 815-670-9481 Website www.safecorhealth.com

Licensing Company Email ebugarin@safecorhealth.com

Section 2: Personal Information

First Edita Middle _____ Last Bugarin

Alias(es, nicknames, name changes, etc.) Edita Vuckovic

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City Rockford State IL Zip [redacted]

Telephone 815 282-1201 Ext. 7254 Email ebugarin@safecorhealth.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Upper Iowa University		10/14-5/16	
Address	City	State	Zip
605 Washington ~ P.O. Box 1857 ~ ,	Fayette	IA	52142
Diploma/Degree obtained, if any			
Bachelor of Science, Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Rock Valley College		08/12-05/14	
Address	City	State	Zip
3301 N Mulford Rd	Rockford	IL	61114
Diploma/Degree obtained, if any			
Associate in Applied Science, Major in Business Adminstration			

School Name		From - To (MM/YY – MM/YY)	
Guilford High School		08/97-05/98	
Address	City	State	Zip
5620 Spring Creek Rd	Rockford	IL	61114
Diploma/Degree obtained, if any			
High school diploma			

School Name		From - To (MM/YY – MM/YY)	
High school attended outside the US		08/94-05/97	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/03 - Present	[redacted]	Rockford	IL	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Mylan Institutional Inc.			09/17-02/25	
Business Address		**City**	**State**	**Zip**
1718 Northrock Court		Rockford	IL	61103
Phone	**Title**		**Number of Employed Hours**	
815-282-1201	Director, Quality Compliance		14,833	
Description of Duties				
Perform Quality Compliance assurance for site operations while mainting and enforcing complaince with regulatory and company SOPs. Oversees compliance with DEA regulations and inspections and maintains DEA registration. Site Liason for Registrations and Licensing and head of Quality Compliance department				

Business Name			From - To (MM/YY – MM/YY)	
Mylan Institutional Inc.			03/12-09/17	
Business Address		**City**	**State**	**Zip**
1718 Northrock Court		Rockford	IL	61103
Phone	**Title**		**Number of Employed Hours**	
815-282-1201	Manager, Quality Assurance		9,000	
Description of Duties				
Provide guidance and perform management responsibilties for multiple QA departments while ensuring incoming products and materials, packaging operations, and review and release of products meet site and company SOPs. Create, maintain and assist with approval of SOPs and work instructions				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Edita Bugari
Original Signature (electronic, copies or stamps not accepted)

05-23-2025
Date

I, Edita Bugarin, **certify that as the designated representative for**

Safecor Health, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. EB I am at least 21 years of age;
3. EB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. EB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. EB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. EB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. EB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Edita Bugarin
Print Name (First, Last)

Edita Bugarin
Original Signature (electronic, copies or stamps not accepted)

05-23-2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Edita Bugarin

Print Name (First, Last)

Edita Bugarin — 05-23-2025

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of WINNEBAGO

I, EDITA BUGARIN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Edita Bugarin — 05-23-2025

Original Signature — **Date**

Subscribed and Sworn to before me this 23rd day of May 2025.

Francine Skaug

Notary Public Signature

OFFICIAL SEAL
FRANCINE SKAUG
Notary Public - State of Illinois
Commission No. 399568
My Commission Expires July 14, 2027

(Seal)

Employee_Name	Position	Facility
ANDERSON, EVAN	Supervisor Production	Northrock
ANIS, VINNYPET	Validation Specialist	Northrock
BARTELLI, AMBER	Analyst, QC Operations	Northrock
BEEBE, SHAILYN	QA Senior Validation Associate	Northrock
BLUME, AUSTIN	Lead Mechanic	Northrock
BOOZELL, ERIK L	Validation Supervisor	Northrock
BOUNLUTAY, SOURIPHORN	Lead Operator	Northrock
BRANNAN, NANCY M	Senior In-Process Technician	Northrock
BROWN, ANDREA L	Supervisor Production	Northrock
BRYSON, CARMEN A	Senior Line Inspector	Northrock
BUGARIN, EDITA	Director Quality Compliance	Northrock
BULLOCK, JAMES	QC Operations Associate	Northrock
BUTLER, JADA M	Team Leader	Northrock
CAMERON, SHAUN M	Master Mechanic	Northrock
CASTANEDA, ADELINA	Lead Operator	Northrock
COON, JOYCE M	Specialist, Supply Chain	Northrock
CORBETT, DEBRA	Associate Manager, Audit	Northrock
DAVIS, DANIEL	Senior Maintenance Manager	Northrock
DAWSON, DESIREE R	Senior Operations Management Specialist	Northrock
DEMLER-METZLER, SONJA	Audit Associate	Northrock
DIAZ, ELVIRA	Senior In-Process Technician	Northrock
DOHERTY, KENNETH S	EHS Facilities Manager	Northrock
DUKADZINAC, MILENKA	Senior Line Inspector	Northrock
FESSLER, DANIEL L	Sr. Director, Quality	Northrock
FESSLER, MARIA G	Senior Specialist, Quality Investigations	Northrock
FETTERLY, MELANIE J	Engineering Associate	Northrock
FRAEDRICH, JONATHAN	Specialist Packaging Operations	Northrock
Fricks, Jade	Line Inspector (2nd)	Northrock
GLISIC, GORANKA	Senior Line Inspector	Northrock
GONZALEZ, ORALIA	Production Material Handler	Northrock
GRAY, JOSEPH D	Manager Production	Northrock
GREGG, MATTHEW	Director Supply Chain	Northrock
GUTIERREZ, AMPARO S	Line Inspector	Northrock
HALL, JENNA	Senior Specialist Quality Compliance	Northrock

HAMPTON, PATRICIA A	Lead Operator	Northrock
HERNANDEZ, YONTY A	Team Leader	Northrock
HICKEM, LESLIE M	Lead Operator	Northrock
HOWLAND, ROXANNE M	Senior In-Process Technician	Northrock
JACKSON, SOURICHANH	Senior In-Process Technician	Northrock
JAGER, MICHAEL	Senior Project Specialist	Northrock
JANJETOVIC, SONJA	Training Associate	Northrock
Janneh, Kelvin	Line Inspector (2nd)	Northrock
JONES, ROBERT T	Senior Lead Mechanic	Northrock
JONES, SARA A	Lead Operator	Northrock
JORDAN, DARLENE	Janitor	Northrock
KEOPRASEUTH, SENG	Senior Line Inspector	Northrock
KULJANIN, DIJANA	Senior Line Inspector	Northrock
KULJANIN, RADA	Senior Line Inspector	Northrock
LOPEZ, CARLOS A	Lead Mechanic	Northrock
MANDUJANO, ELVIA	Senior Line Inspector	Northrock
MEYER, STACY M	Specialist QC Operations	Northrock
MILLER, JACQUELINE L	Senior Manager Operations Finance	Northrock
MILLER, JOCELYN N	Senior In-Process Technician	Northrock
MORRIS III, TENNES	Janitor	Northrock
MORRIS, CHRISSY	Production Control Associate	Northrock
NEMETZ, MIKE J	Senior Planner Production Scheduling	Northrock
NOSKO, GWENDOLYNE	Senior In-Process Technician	Northrock
NYMAN, DEANNA L	Team Leader	Northrock
ODONNELL, NATHANIEL ROBERT	Senior Manager, Site Quality Council	Northrock
OQUINN, HAZEL L	Senior Line Inspector	Northrock
PATTISON, MICHAEL J	Senior Manager Engineering and Print Shop	Northrock
PHELPS, SUPHARADEE	Lead Operator	Northrock
PINTO, CODY	Senior Lead Mechanic	Northrock
POLISETTY, SRISATYA	Associate Manager, In-Process	Northrock
Pollard, Skylynn	Line Inspector (2nd)	Northrock
POSLEY, DAOVONE C	Senior Line Inspector	Northrock
PUPOVAC, SASA	Senior Lead Mechanic	Northrock
RADOVANOVIC, SNJEZANA	Line Inspector	Northrock
RAHEJA, MANJU	Line Inspector	Northrock

REITMAN, JACOB	Student Worker	Northrock
ROBINSON, DEREK	In-Process Supervisor	Northrock
Rocha, Arturo	Senior In-Process Technician (1st)	Northrock
ROE, TAUNIE ALEXANDREA	Sr Associate Complaints	Northrock
SAYSANA, CHANSAMONE	Lead Operator	Northrock
SCHWOCHERT, MICHAEL	Lead Mechanic	Northrock
SISAVATH, MINAVANH	Team Leader	Northrock
SKAUG, FRANCINE	Document Control Supervisor	Northrock
SLIWOWSKI, MARGARET	Senior Associate, Document Control	Northrock
SPAINE, THOMAS W	Senior Manager QC Operations	Northrock
SPORS, KRISTINE K	Sr. Director Operations	Northrock
STEENKEN, KATIE	Supervisor Production Control	Northrock
SYPHOMMARATH, LADAVANH	Lead Operator	Northrock
SYPHOMMARATH, VAYCHAY	Senior Line Inspector	Northrock
TAYLOR, JAMIE L	Senior Technician	Northrock
Tello, Jonathan	Lead Operator (2nd)	Northrock
TODIC, SLAVICA	Senior Audit Associate	Northrock
Tomlinso, Marketa	Senior In-Process Technician (2nd)	Northrock
TOTTEN, CRISTINA A	Senior Line Inspector	Northrock
TREESE, MICHELLE R	Administrative Services Associate	Northrock
VARELA, MARIA G	Senior Line Inspector	Northrock
VASQUEZ, DANIEL	Senior Lead Mechanic	Northrock
VERMILLION, CAROLYN	Line Inspector	Northrock
VOJNOVIC, RENATA	Senior Line Inspector	Northrock
VONGSY, DALAPHONE	Senior Line Inspector	Northrock
WADLEY, MAXIMINA	Finance Specialist	Northrock
WAGNER, BRYAN	Supervisor Maintenance	Northrock
WEST, STEVEN D	Line Inspector	Northrock
WHEELER, CASEY M	HR Generalist	Northrock
White, Leo	Line Inspector (1st)	Northrock
Zavaleta, Victor	Lead Operator (1st)	Northrock

4W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* (Change of Ownership, Grandparent) ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03839	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: ECS Opco 1, LLC d/b/a Spectrum Vascular

Physical Address: 50 Main Street, Suite 1000

City: White Plains State: NY Zip: 10606

Mailing Address (if different from physical address): c/o State License Servicing, Inc., 225 Dolson Avenue, 4th floor

City: Middletown State: NY Zip: 10940

Telephone: (845) 544-2482 Website: www.spectrumvascular.com

Name of Designated Representative (DR): Sharon W Klugewicz

Licensing Company Email: ECS@SLSNY.COM DR Email: sklugewicz@spectrumvascular.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others: US Government		☒ Others: Manufacturer - Virtual

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

No discipline to report

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Angio Dnamics

Address: 14 Plaza Dr City: Lathem State: NY Zip: 12110

Name: Cook Medical

Address: 750 Daniels Way City: Bloomington State: IN Zip: 47402

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): ECS Holdco 1, LLC

Corporation/Organization Name: ECS Opco 1, LLC d/b/a Spectrum Vascular

Mailing Address: c/o State License Servicing, Inc. 225 Dolson Avenue, 4th floor

City: Middletown State: NY Zip: 10940

Telephone: (845) 544-2482 Email: ECS@SLSNY.COM

Contact Person Name: Christine Cannon

Section 6: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: FDA #: 3030714660	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

ECS Opco 1, LLC d/b/a Spectrum Vascular

Facility Name

Keith E Bernius

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

05/09/2025

Date

Board Use Only	Date Received: 7/29/25	Amount: Check 34650

Proof of FDA

FDA U.S. FOOD & DRUG ADMINISTRATION

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
SPECTRUM VASCULAR
Business Trade Name:
ECS Opco 1 Dba Spectrum Vascular

50 Main St. Suite 1000
White Plains, NY 10606
Registration Number: 3030714660
FEI Number*: 3030714660
Status: Active
Date Of Registration Status: 2024

Owner/Operator:
Spectrum Vascular[6]
50 Main St. Suite 1000
White Plains, NY US 10606
Owner/Operator Number: 10090343[7]

Official Correspondent:
Sharon Klugewicz
50 Main St. Suite 1000
White Plains, NY 10606
Phone: 914-6392410

Verified M.H 7/30/25

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&RegNum=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10090343&OwnerOperatorNam
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&RegNum=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10090343&OwnerOperatorNam

Page Last Updated: 07/01/2024

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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U.S. Department of **Health & Human Services**

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1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices

Company Particulars

ECS Opco 1, LLC
d/b/a Spectrum Vascular

Corporate Address: 50 Main Street, Suite 1000, White Plains, NY 10606 USA
FEIN: 92-3735547
www.spectrumvascular.com

Drug Labeler Code: N/A
Incorporation State: DE
Incorporation Date: 4/13/2023

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
WPNY	50 Main Street Suite 1000 White Plains, NY 10606 County: Westchester	3030714660	N/A - No CS	119212396	No	(914) 639-2410	N/A

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Sharon W Klugewicz	[redacted]	COO		[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
ECS Holdco 1, LLC	50 Main Street 1000 White Plains, NY 10606	N/A	100	N/A	92-3722466	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Sharon W Klugewicz	[redacted]	COO		[redacted]		
Keith E Bernius		Chief Financial Officer				
Kenneth E Miller		Chief Executive Officer				

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services, Inc.			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
LifeScience Logistics, LLC	1105 E. Northfield Dr. Brownsburg, IN 46112					

List of Officers

SPECTRUM VASCULAR

List of Officers

Keith E. Bernius - Chief Financial Officer

Kenneth E. Miller - Chief Executive Officer

Sharon W. Klugewicz - Chief Operating Officer

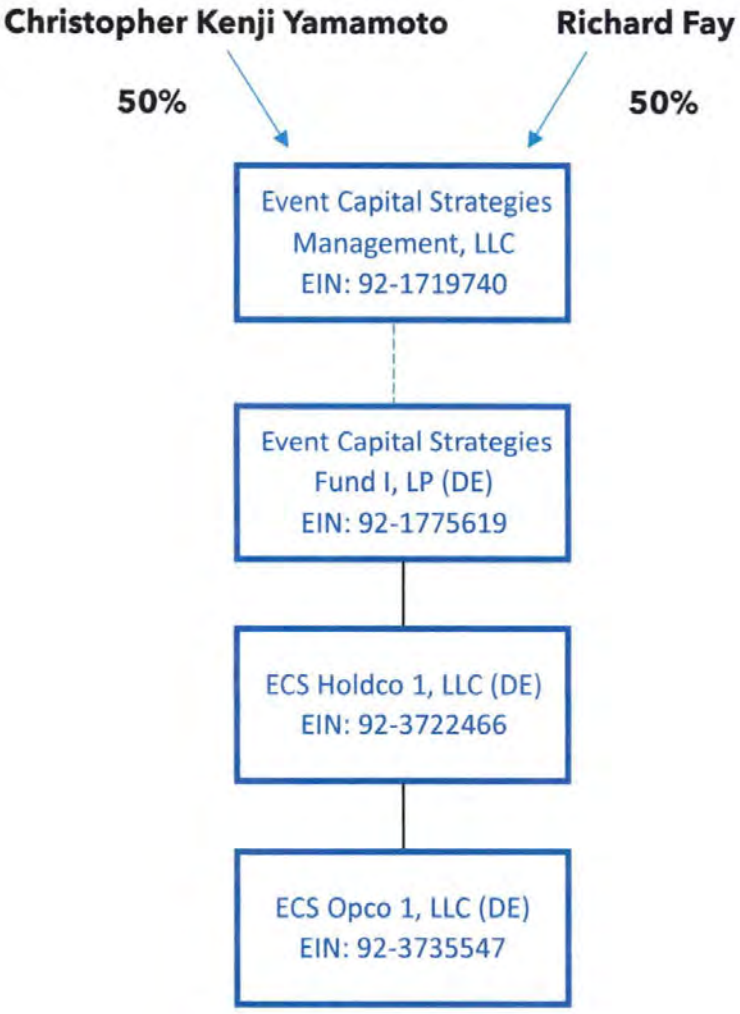
6/6/25

Keith Bernius Date

Pre Org Chart

SPECTRUM VASCULAR

ECS Opco 1, LLC DBA Spectrum Vascular Ownership Chart

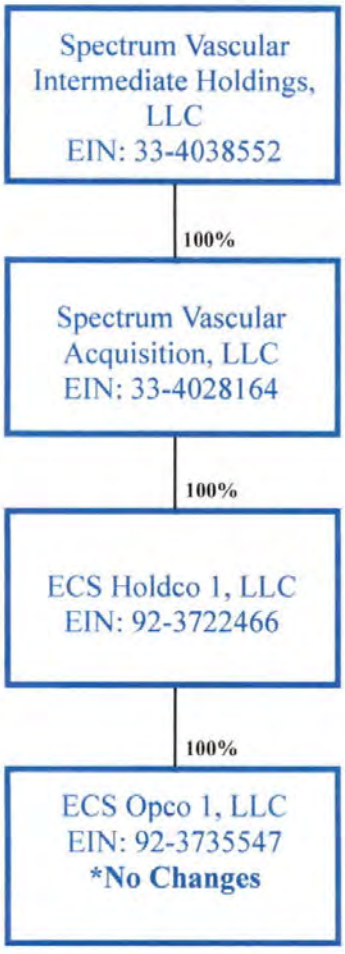


50 MAIN STREET WHITE PLAINS, NY 10606 SPECTRUMVASCULAR.COM

Post Org Chart

SPECTRUM VASCULAR

Post Change ORG Chart



50 MAIN STREET WHITE PLAINS, NY 10606 SPECTRUMVASCULAR.COM

Flash- CHOW for Grandparent ownership

From: compliance@slsnysupport.com
Subject: ECS Opco 1, LLC dba Spectrum Vascular - Notice of Change of Ownership at Grandparent and Great Grandparent Level
Date: April 25, 2025 at 9:38 AM
To: pharmacy@pharmacy.nv.gov

IMPORTANT NOTICE

Date: April 25, 2025
To: Nevada State Board of Pharmacy
Re: ECS Opco 1, LLC, 50 Main Street, Suite 1000, White Plains, NY 10606, Permit #: Pending - Initial

Dear Licensing Authority:

State License Servicing, Inc. represents ECS Opco 1, LLC dba Spectrum Vascular, a Delaware Limited Liability Company, in the servicing of their state licenses. Please be advised that there was a change of ownership at the **Grandparent** and **Great Grandparent** level on or about March 21, 2025. There is no change of ownership at the direct parent level. The direct parent owner is and remains as ECS Holdco 1, LLC at 100%. There will be no change of FEIN.

The grandparent and great grandparent ownership information for ECS Opco 1, LLC dba Spectrum Vascular is as follows:

. Old **Grandparent** Owner: Event Capital Strategies Fund 1, LP - 100%

New **Grandparent** Owner: Spectrum Vascular Acquisition, LLC - 100%

. Old **Great Grandparent** Owner: Event Capital Strategies Management, LLC - 100%

New **Great Grandparent** Owner: Spectrum Vascular Intermediate Holdings, LLC - 100%

Please find attached the Pre and Post organizational charts for your reference.

Again, please let your files reflect that there has not been any change of direct parent ownership, interest or tax identification numbers with this recent change.
Please be assured that if your state requires any additional forms, filings and associated fees to effectuate this change, these will be completed and will be filed appropriately. If you need any additional information, please feel free to email me at the address below.

Kind Regards,

Jennifer Schneider
V.P. Client Services
(845) 544-2482 ext 207
Jennifers@slsny.com

[illegible]

Click Here to Respond to this Email

ECS Pre & Post Change ORG Chart .pdf

Incorp Good Standing

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ECS OPCO 1, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF FEBRUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ECS OPCO 1, LLC" WAS FORMED ON THE THIRTEENTH DAY OF APRIL, A.D. 2023.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 202944250

Date: 02-14-25

7404974 8300

SR# 20250524674

You may verify this certificate online at corp.delaware.gov/authver.shtml

Home State Verification of License

ECS OPCO 1, LLC

ENFORCEMENT ACTIONS

Type	Manufacturer
Legal Name	ECS OPCO 1, LLC
Trade Name	SPECTRUM VASCULAR
Street Address	50 MAIN ST. SUITE 1000 WHITE PLAINS NY 10606
Registration No	041154
Date First Registered	February 12, 2025
Registration Begins	February 12, 2025
Registered Through	January 31, 2028
Supervisor	KLUGEWICZ SHARON
Establishment Status	Active
Successor	NONE

July 23, 2025 10:49 AM (ET)

https://eservices.nysed.gov/professions/verification-search?pharmacyRegistrationNumber=041154&professionCode=020

Home State VOL - No Discipline

ECS OPCO 1, LLC

GENERAL INFO ENFORCEMENT ACTIONS

Registration No: 041154

No Enforcement Actions Found

July 23, 2025 10:49 AM (ET)
https://eservices.nysed.gov/professions/verification-search?pharmacyRegistrationNumber=041154&professionCode=020

Home State Permit

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2025-28

NAME OF SUPERVISOR
SHARON KLUGEWICZ

THIS IS TO CERTIFY

ECS OPCO 1, LLC
50 MAIN ST.
SUITE 1000
WHITE PLAINS, NY 10606

is duly recorded as a

REGISTERED MANUFACTURER OF DRUGS AND/OR DEVICES

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE TWELFTH DAY OF FEBRUARY, 2025.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF JANUARY, 2028.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER
041154

Dana Jones
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

10/1/2025

DATE (MM/DD/YYYY) 8/8/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 1185 Avenue of the Americas, Ste 2010 New York NY 10036 (646) 572-7300	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED 1558450 ECS OPCO 1, LLC 50 Main St. Suite 103, White Plains, NY 10606-1901	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Atlantic Specialty Insurance Company 27154 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 21657174 **REVISION NUMBER:** XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	N	N	711-01-82-56-0001	7/11/2024	10/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ 1,000,000 $ 1,000,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ Excluded $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY	N	N	711-01-82-56-0001	7/11/2024	10/1/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Retention / Ded	$ 1,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX $ 1,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $	N	N	711-01-82-56-0001	7/11/2024	10/1/2025	EACH OCCURRENCE AGGREGATE 	$ 5,000,000 $ 5,000,000 $ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		NOT APPLICABLE			PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ XXXXXXX $ XXXXXXX $ XXXXXXX
A	Professional Liability	N	N	750-00-04-95 -0001	7/11/2024	10/1/2025	Aggregate: $5M Products Liability: $5M Errors or Omissions: $5M Deductible: $25K	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.

CERTIFICATE HOLDER

21657174
Evidence of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 6213041055

Application/License No. _____

ECS Opco 1, LLC dba Spectrum Vascular (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 50 Main ST Ste 1000 White Plains, NY 10606 (Address of Applicant/Principal), as PRINCIPAL, and United States Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of DE (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 305 Madison Avenue, Morristown, NJ 07960 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 5, 2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 5th day of March, 2025.

APPLICANT/PRINCIPAL

ECS Opco 1, LLC dba Spectrum Vascular
COMPANY

By: _____
Authorized Representative

SURETY

United States Fire Insurance Company

By: _____
Surety Company's Representative

Michelle Anne McMahon, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Erika Prodell

_____
Witness Ashley Alexis

Countersigned by:

_____
Nevada Resident Agent Gentry Stewart
Nevada Non-Resident License No.: 3544073

Posted February 20, 2020

POWER OF ATTORNEY
UNITED STATES FIRE INSURANCE COMPANY
PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY

79560

KNOW ALL MEN BY THESE PRESENTS: That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

Gentry Stewart, Kathryn Pryor, Michelle Anne McMahon, Joshua Sanford, Nicholas Turecamo, Sam E. Begun, Melissa J. Stanton, Robyn Salley, Rebecca M. Josephson, Jennifer Godere, Jonathan Gleason, Doritza Mojica, Nicholas Miller, Sarah Murtha, Connor Wolpert, Richard Hackner, Kristopher Pisano

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties: **Unlimited**

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated.

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:

(a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;
(b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.

Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 28th day of September, 2021.

UNITED STATES FIRE INSURANCE COMPANY

Matthew E. Lubin, President

State of New Jersey }
County of Morris }

On this 28th day of September, 2021, before me, a Notary public of the State of New Jersey, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.

MELISSA H. D'ALESSIO
NOTARY PUBLIC OF NEW JERSEY
Commission # 50125833
My Commission Expires 4/7/2026

Melissa H. D'Alessio (Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of United States Fire Insurance Company on the 5th day of March, 2025.

UNITED STATES FIRE INSURANCE COMPANY

Michael C. Fay, Senior Vice President

Bond

Telephone: +1 503-930-0681
Website: wtwco.com
E-mail: Kendall.Young@wtwco.com

March 5, 2025

ECS Opco 1, LLC dba Spectrum Vascular
50 Main St.
Ste 1013
White Plains NY 10606
kbernius@spectrumvascular.com

RE: Bond Number: 6213041055
Obligee: Nevada State Board of Pharmacy
Description: NV 100k Pharmaceutical Wholesaler Surety Bond
Commission: 0%

We are pleased to enclose the above referenced bond you requested. This bond was executed based upon the information you provided. We urge you to check all of the information enclosed, including the Power of Attorney, signatures, dates, amounts, description, bond form and any other attachments.

Please be sure to affix the bond with the proper signature and seal.

If a premium is charged, our invoice for this bond is enclosed or will be sent to you under separate cover. Please note the premium payment for this bond is due upon receipt.

Willis Towers Watson negotiates commission rates with certain insurers on a corporate level. If the rate on your placement is lower than the negotiated rate, Willis Towers Watson may collect the difference directly from the insurer. These payments will not increase the cost of your bonds or otherwise impact your premium or rates. Details of these arrangements where there is compensation beyond the base compensation detailed in your commission schedule can be found at: https://www.wtwco.com/en-us/notices/p-c-national-commission-rates.

Thank you for the opportunity to service your surety needs. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Kendall Young

Willis Towers Watson Northeast, Inc.
830 NE Holladay St., Floor 2, Suite 108
Portland, OR 97232

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG ECS Opco 1, LLC d/b/a Spectrum Vascular MDEG License # (if applicable) N/A

Physical Address 50 Main Street, Suite 1000

City White Plains State NY Zip 10606

Mailing Address (if different from physical address) c/o State License Servicing, Inc. 225 Dolson Avenue, 4th floor

City Middletown State NY Zip 10940

Telephone (845) 544-2482 Website www.spectrumvascular.com

Licensing Company Email ECS@SLSNY.COM

Section 2: Personal Information

First Sharon Middle W Last Klugewicz

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITI [redacted] Sex ☐ M ☐ F ☐ X

Mailing Address [redacted]

City Rockville Ctr State NY Zip [redacted]

Telephone [redacted] Email sklugewicz@spectrumvascular.com

Are you a citizen of the United States? | Yes | No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Adelphi University		1991 - 08/1994	
Address	City	State	Zip
1 South Ave	Garden City	NY	11530
Diploma/Degree obtained, if any			
Master of Science (MS), Biochemistry			

School Name		From - To (MM/YY – MM/YY)	
Stony Brook University		08/1987 - 12/1990	
Address	City	State	Zip
100 Nicolls Road	Stony Brook	NY	11794
Diploma/Degree obtained, if any			
Bachelor of Science (BA), Neurobiology			

School Name		From - To (MM/YY – MM/YY)	
Severna Park High School *		09/1982 - 06/1986	
Address	City	State	Zip
60 Robinson Rd	Severna	MD	21146
Diploma/Degree obtained, if any			
High School Diploma *Attended Seoul American High School in Seoul, Korea (1982 -1984)			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2020 - Present	[redacted]	Rockville Ctr	NY	[redacted]
11/1991 - 12/2020		Rockville Centre	NY	
From - To (MM/YY – MM/YY)		City	State	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
ECS Opco 1, LLC d/b/a Spectrum Vascular			08/2023 - Present	
Business Address		**City**	**State**	**Zip**
50 Main Street, 1000		White Plains	NY	10606
Phone	**Title**		**Number of Employed Hours**	
(914) 639-2410	Designated Representative		~ 3,637 hours	

Description of Duties

Lead daily operations of the company from planning and supply chain, Engineering and R&D, Quality and Regulatory Affairs, to successfully execute the technology transfer of acquired vascular access products from Cook Medical and AngioDynamics, obtain regulatory approval for new products, as well as direct activities associated with quality, record keeping, and distribution of device and drugs.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A - No discipline to report

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Sharon W Klugewicz, **certify that as the MDEG Administrator for**

ECS Opco 1, LLC,

that I (initial that you have read and meet the following requirements):

1. SK Have a high school diploma or its equivalent;
2. SK Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. SK Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. SK Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sharon W Klugewicz

Print Name (First, Last)

Sharon W Klugewicz

Original Signature (electronic, copies or stamps not accepted)

5/12/2025

Date

Board Use Only	Date Received: 7/29/25

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ECS Opco 1, LLC d/b/a Spectrum Vascular
Pharmacy/Wholesaler License # (if applicable) Pending Initial
Physical Address 50 Main Street, Suite 1000
City White Plains State NY Zip 10606
Mailing Address (if different from physical address) c/o State License Servicing, Inc. 225 Dolson Avenue, 4th floor
City Middletown State NY Zip 10940
Telephone (845) 544-2482 Website www.spectrumvascular.com
Licensing Company Email ECS@SLSNY.COM

Section 2: Personal Information

First Sharon Middle W Last Klugewicz
Alias(es, nicknames, name changes, etc.) N/A
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X
Mailing Address [redacted]
City Rockville Ctr State NY Zip [redacted]
Telephone [redacted] Email sklugewicz@spectrumvascular.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Adelphi University		1991 - 08/1994	
Address	City	State	Zip
1 South Ave	Garden City	NY	11530
Diploma/Degree obtained, if any			
Master of Science (MS), Biochemistry			

School Name		From - To (MM/YY – MM/YY)	
Stony Brook University		08/1987 - 12/1990	
Address	City	State	Zip
100 Nicolls Road	Stony Brook	NY	11794
Diploma/Degree obtained, if any			
Bachelor of Science (BA), Neurobiology			

School Name		From - To (MM/YY – MM/YY)	
Sevena Park High School *		09/1982 - 06/1986	
Address	City	State	Zip
60 Robinson Rd	Severna Park	MD	21146
Diploma/Degree obtained, if any			
High School Diploma *Attended Seoul American High School in Seoul, Korea (1982 -1984)			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2020 - Present	[redacted]	Rockville Centre	NY	[redacted]
11/1991 - 12/2020	[redacted]	Rockville Centre	NY	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
ECS Opco 1, LLC d/b/a Spectrum Vascular		08/2023 - Present	
Business Address	**City**	**State**	**Zip**
50 Main Street, Suite 1000	White Plains	NY	10606
Phone	**Title**	**Number of Employed Hours**	
(914) 639-2410	Designated Representative	~ 3,637 hours	

Description of Duties

Lead daily operations of the company from planning and supply chain, Engineering and R&D, Quality and Regulatory Affairs, to successfully execute the technology transfer of acquired vascular access products from Cook Medical and AngioDynamics, obtain regulatory approval for new products, as well as direct activities associated with quality, record keeping, and distribution of device and drugs.

Business Name		From - To (MM/YY – MM/YY)	
Bioventus		10/2021 - 06/2023	
Business Address	**City**	**State**	**Zip**
4721 Emperor Blvd, Ste 100	Durham	NV	27703
Phone	**Title**	**Number of Employed Hours**	
(800) 637-4391	Senior Vice President, Quality and Regulatory Affairs	~ 3,440 hours	

Description of Duties

Led strategic and day-to-day activities to obtain product market approval in the USA (FDA 510K/PMA), EU (EU MDR), and international (e.g., China NMPA, Health Canada, Brazil ANVISA, Mexico COFEPRIS, etc.) markets, as well as assure effective global quality management systems, including directing activities associated with quality, record keeping and distribution of devices, to meet customer and regulatory requirements.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A - No discipline to report

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Sharon W Klugewicz, **certify that as the designated representative for**

ECS Opco 1, LLC d/b/a Spectrum Vascular,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SK I am at least 21 years of age;
3. SK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Sharon W Klugewicz

Print Name (First, Last)

Sharon Klug

Original Signature (electronic, copies or stamps not accepted)

5/12/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sharon W Klugewicz

Print Name (First, Last)

Sharon Klug

Original Signature (electronic, copies or stamps not accepted)

5/14/2025

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Westchester

I, Rukhsana Solangi-Bresloff, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Sharon Klug

Original Signature Sharon W Klugewicz

5/14/2025

Date

Subscribed and Sworn to before me this 14 day of May 2025.

Rukhsana Solangi-Bresloff
Notary Public, State of New York
Reg. No. 1SO6394022
Qualified in Westchester
Commission Ex...

Notary Public Signature

Rukhsana Solangi-Bresloff
Notary Public, State of New York
Reg. No. 1SO6394022
Qualified in Westchester County
Commission Expires July 15 2027

(Seal)

Employee List

Last name	First Name	Department	Job Title
Aguilar	Andrea	Operations (Quality)	QA Manager
Anderson	Amanda	Sales	Sr. District Manager
Bernius	Keith	Finance	CFO
Bodus	Ryan	Sales	Sr. District Manager
Burns	Linda	Clinical	Clinical Sales Specialist
Cinquemano	Candace	Sales	District Manager
Crocker	Nathan	Sales	Sr. District Manager
Daniels	Adelina	Finance	Accounting Manager
Davis	Chris	Marketing	VP of Global Marketing
Del Rio	Paulo	Corporate Accts (LatAm)	Corporate Accts (LatAm)
DiPofi	Jim	Sales	VP of NA Sales
Fay	Richard	ECS Opco 1	CEO
Gargiule	Martin	Finance	VP of Finance & Corporate Controller
Jackson	Amanda	Corporate Accts	National Contracts Manager
Jackson	Stephen	Marketing & Training	Global Director of Marketing & Sales Enablement
Klugewicz	Sharon	Operations	COO & Sr. VP of Regulatory Affairs
Kobeissi	Michael	Corporate Accts (EMEA)	Corporate Accts (EMEA)
Koskotas	Andrew	Finance	FP&A Manager
Kraus	Dr. Dennis	Chief Medical Officer	Chief Medical Officer
Lindekugel	Joshua	Sales	District Manager
Litman-Goch	Deb	Human Resources	Human Resources Director
McKinney	Kyle	Corporate Accts	Corporate Accts & Global Contracting Director
McNeely	Monica	Sales	Exec. District Manager
Mitchell	Billy	Operations	Sr. Sustaining Engineer
Potucek	Frank	Sales	Exec. District Manager
Scherba	Zachary	Sales	Sr. District Manager
Smith	Dodey	Clinical	Sr. Clinical Specialist
Smith	Jeffrey	Corporate Accts	Vice President, Corporate Accounts/Global Contracting
Solorzano	James	Regulatory Affairs	Regulatory Affairs Manager
Stotz	Shawn	Finance	Finance (Contractor)

Thunberg	Denise	Clinical	Sr. Clinical Specialist
Valentine	Petal	Operations	Supply Chain & Planning Sr. Manager
Weinstock	Ann	Clinical	Sr. Clinical Specialist
Yamamoto	Chris	ECS Opco 1 / Spectrum Vascular	President / CEO

4X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☑ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 03342	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: SpringWorks Therapeutics, Inc.

Physical Address: 100 Washington Blvd, 5th Floor

City: Stamford State: CT Zip: 06902

Mailing Address (if different from physical address): Same as Physical Address.

City: State: Zip:

Telephone: 203-883-9490 Website: www.springworkstx.com

Name of Designated Representative (DR): Robert Krukowski

Licensing Company Email: robert.krukowski@springworkstx.com DR Email: robert.krukowski@springworkstx.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☑ Dangerous Drugs	☑ Manufacturer (Virtual)
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment B

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): EMD HOLDINGS CORP. - See Attachment A

Corporation/Organization Name: SpringWorks Therapeutics, Inc.

Mailing Address: 100 Washington Blvd, 5th Floor

City: Stamford State: CT Zip: 06902

Telephone: 203-399-8024 Email: robert.krukowski@springworkstx.com

Contact Person Name: Robert Krukowski

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration See Attachment C 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment D		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✔" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment A	✔	✔		
• **List the top four corporation shareholders and their percent ownership.**	✔			
• **List of all corporation shareholders and their percent ownership.** See Attachment A		✔		
• **List of all partners and their percent ownership.**			✔	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment E	✔	✔	✔	✔
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment F		✔	✔	✔
N/A • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✔	✔	✔
N/A • **Copy of DEA certificate if handling controlled substances**	✔	✔	✔	✔
N/A • **Copy of current SEC 10K or 8K** (First 15 pages only)	✔			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment G	✔	✔	✔	✔
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment H	✔	✔	✔	✔
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✔	✔	✔	✔
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✔	✔	✔	✔
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. N/A		✔	✔	✔
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A		✔	✔	✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

SpringWorks Therapeutics, Inc.

Facility Name

Robert Krukowski

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7/23/25

Date

Board Use Only	Date Received: 7/24/25	Amount: $1000 ck 90342

An official website of the United States government Here's how you know

U.S. FOOD & DRUG ADMINISTRATION

Search FDA.gov Menu

Home Drug Databases NDC Search Result

Share Tweet LinkedIn Email Print

Current through July 7, 2025

You have searched Finished drug products

Search Results: *'springworks'*

Back to Search Page

Showing 1 to 8 of 8 entries Show 50 entrie

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product NDC
Gomekli	82448-130-42	1mg/1	CAPSULE	ORAL	NDA219389	SpringWorks Therapeutics, Inc.	82448-130
Gomekli	82448-134-42	1mg/1	TABLET, FOR SUSPENSION	ORAL	NDA219379	SpringWorks Therapeutics, Inc.	82448-134
Gomekli	82448-134-84	1mg/1	TABLET, FOR SUSPENSION	ORAL	NDA219379	SpringWorks Therapeutics, Inc.	82448-134
Gomekli	82448-260-42	2mg/1	CAPSULE	ORAL	NDA219389	SpringWorks Therapeutics, Inc.	82448-260
Gomekli	82448-260-84	2mg/1	CAPSULE	ORAL	NDA219389	SpringWorks Therapeutics, Inc.	82448-260
OGSIVEO	82448-050-18	50mg/1	TABLET, FILM COATED	ORAL	NDA217677	SpringWorks Therapeutics, Inc.	82448-050
OGSIVEO	82448-100-14	100mg/1	TABLET, FILM COATED	ORAL	NDA217677	SpringWorks Therapeutics, Inc.	82448-100
OGSIVEO	82448-150-14	150mg/1	TABLET, FILM COATED	ORAL	NDA217677	SpringWorks Therapeutics, Inc.	82448-150

Previous 1 Next

Attachment A

Regarding the Ownership Change

On July 1, 2025, SpringWorks Therapeutics, Inc. ("SpringWorks"), previously a publicly traded company, was acquired by EMD HOLDINGS CORP. The federal tax identification number remains unchanged.

SpringWorks continues to exist as a corporation; however, it will no longer be publicly traded. As a result, there are changes to SpringWorks' corporate officers and designated representative / responsible contact "contact." The new corporate officers and designated representative are listed below. Legal documentation of the change will be provided when available and upon request.

Corporate Officers:

Miguel Fernandez Alcalde
President

Monica Elliott
Treasurer

Anthony O'Donnell
Vice President

Michael MacDougall
Secretary

Designated Representative:

Robert Krukowski
Senior Director, Value Access & Pricing – Market Access

Attachment B

Nature of Business

SpringWorks Therapeutics, Inc. "SpringWorks" is a virtual prescription drug manufacturer that is focused on developing life-changing medicines for patients with severe rare diseases and cancer. SpringWorks uses contract manufacturers to produce its product and a third party logistics provider to ship. No product is handled at SpringWork's business office. Provided below is the contact information for the contract manufacturers and third party logistics provider.

Contract Manufacturers:

Patheon France S.A.S
40 Boulevard de Champaret
38300 Bourgoin Jallieu, France
FDA #: 3004468553

Patheon Pharmaceuticals Inc.
2110 East Galbraith Road
Cincinnati, OH 45237, USA
FDA #: 1510437

Third Party Logistics Provider:

Integrated Commercialization Services, LLC
420 International Blvd., Suite #500
Brooks, KY 40109

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPRINGWORKS THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPRINGWORKS THERAPEUTICS, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

7335553 8300

SR# 20252027688

Authentication: 203618741

Date: 05-06-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

CPL-03 Rev 06-13

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions can be emailed to the Drug Control Division at dcp.drugmanufacturers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. All renewal notifications and certificates will only be emailed to your last reported email on record. You can update your email, mailing address or print a duplicate certificate by logging into your account with your User ID and Password at www.elicense.ct.gov. Visit our website at www.ct.gov/dcp.

Mailing address:

SPRINGWORKS THERAPEUTICS INC.
100 WASHINGTON BLVD FL 5
STAMFORD, CT 06902-9302

Email on file to be used for receiving all notices from this office:

joseph.zimmerman@springworkstx.com

1098349

STATE OF CONNECTICUT ✦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

SPRINGWORKS THERAPEUTICS INC.
100 WASHINGTON BLVD FL 5
STAMFORD, CT 06902-9302

has satisfied the qualifications required by law and is hereby issued a

MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES - IN STATE

Controlled Substances: No Rx Legend Drugs: Yes Non Rx Legend Drugs: No Medical Devices: No Cosmetics: No

Medical Gases and Oxygen: No Durable Medical Equipment (DME): No Number of Chemists: 0

Registration #: CSM.0002250
Effective Date: 07/01/2025
Expiration Date: 06/30/2026

verify online at www.elicense.ct.gov

Bryan T. Cafferelli, Commissioner

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 019099313

Application/License No. N/A

SPRINGWORKS THERAPEUTICS, INC. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 100 Washington Blvd., 5th Floor Stanford, CT 06902 (Address of Applicant/Principal), as PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on July 1, 2025 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 22nd day of July, 20 25.

APPLICANT/PRINCIPAL
SPRINGWORKS THERAPEUTICS, INC.

Authorized Representative

SURETY COMPANY
LIBERTY MUTUAL INSURANCE COMPANY

Surety Company's Representative

Sara Owens, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Kimberly G. Sherrod

Witness Babette Ward

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

Scott Kipper, Commissioner of Insurance

Non-Resident Producer

Qualification Effective Dates

Casualty 06/12/2019 Property 06/12/2019

SARA P OWENS

NPN: 16281042

100 N 18TH ST FL 16

PHILADELPHIA, PA 19103-2707

is authorized to transact business as described above

License No: 3447025 Issue Date: 06/12/2019 Expiration Date: 06/30/2028

Generated by Sircon 344307262

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

SARA P OWENS

100 N 18TH ST FL 16

PHILADELPHIA, PA 19103-2707

LICENSE NUMBER: 3447025 NPN: 16281042

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer

Casualty, Property

Issue Date: 06/12/2019 Expiration Date: 06/30/2028

Generated by Sircon 344307262

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual SURETY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8212350-019022

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Annmarie Breene, Patrick Breene, Dana Donahue, Patricia Dorsaneo, Pedro Gonzalez, Jr., Cathy H. Ho, Wayne G. McVaugh, Sara Owens, Patricia A. Rambo, Lori S. Shelton, Kimberly G. Sherrod, Marisa Thielen, Joanne C. Wagner, Babette Ward

all of the city of Philadelphia state of PA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of August, 2024.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
Nathan J. Zangerle, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 30th day of August, 2024 before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Nathan J. Zangerle, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 22nd day of July, 2025.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/24

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT – DECEMBER 31, 2024

Assets	
Cash and Bank Deposits	$4,608,826,756.00
*Bonds – U.S Government	$4,281,375,446.74
*Other Bonds	$21,566,489,527.26
*Stocks	$15,589,644,012.00
Real Estate	$86,497,925.00
Agents' Balances or Uncollected Premiums	$7,512,975,129.00
Accrued Interest and Rents	$225,249,712.00
Other Admitted Assets	$19,367,663,200.00
Total Admitted Assets	**$74,539,483,661.00**

Liabilities	
Unearned Premiums	$9,890,896,878.00
Reserve for Claims and Claims Expense	$29,467,071,865.00
Funds Held Under Reinsurance Treaties	$341,948,172.00
Reserve for Dividends to Policyholders	$954,025.00
Additional Statutory Reserve	$150,547,865.00
Reserve for Commissions, Taxes and Other Liabilities	$5,049,906,410.00
Total	**$47,104,416,171.00**
Special Surplus Funds	$174,153,086.00
Capital Stock	$10,000,075.00
Paid in Surplus	$13,209,595,772.00
Unassigned Surplus	$13,415,980,561.00
Surplus to Policyholders	$27,435,067,490.00
Total Liabilities and Surplus	**$74,539,483,661.00**

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the Massachusetts Department of Insurance

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2024, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 8th day of March. 2025

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

Timothy A. Mikolajewski

Timothy A. Mikolajewski, Assistant Secretary

Attachment F

Designated Representative Form

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler SpringWorks Therapeutics, Inc.

Pharmacy/Wholesaler License # (if applicable) WH03342

Physical Address 100 Washington Blvd, 5th Floor

City Stamford State CT Zip 06902

Mailing Address (if different from physical address) Same as Physical Address.

City _____ State _____ Zip _____

Telephone 203-883-9490 Website Springworkstx.com

Licensing Company Email robert.krukowski@springworkstx.com

Section 2: Personal Information

First Robert Middle James Last Krukowski

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 100 Washington Blvd, 5th Floor

City Stamford State CT Zip [redacted]

Telephon[redacted] Email robert.krukowski@springworkstx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
University of Delaware			08/99 - 05/03
Address	**City**	**State**	**Zip**
210 S. College Ave.	Newark	DE	19716
Diploma/Degree obtained, if any			
BS - Finance			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name			**From - To (MM/YY – MM/YY)**
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2018 - Present	[redacted]	Eastchester	NY	[redacted]
2012 - 2018	[redacted]	Eastchester	NY	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
SpringWorks Therapeutics, Inc.		09/23 - Current	
Business Address	City	State	Zip
100 Washington Blvd, 5th Floor	Stamford	CT	06902
Phone	Title	Number of Employed Hours	
203-399-8024	Executive Director, Value Access and Pricing	~ 3,665	
Description of Duties			
Responsibilities include critical aspects of our supply and customer procurement of prescription products in US and Global markets.			

Business Name		From - To (MM/YY – MM/YY)	
SpringWorks Therapeutics, Inc.		08/21 - 09/23	
Business Address	City	State	Zip
100 Washington Blvd, 5th Floor	Stamford	CT	06902
Phone	Title	Number of Employed Hours	
203-399-8024	Head of Patient Services and Field Access Managers	~ 4,100	
Description of Duties			
Responsibilities include critical aspects of our supply and customer procurement of prescription products in US and Global markets. Ensure compliance with local and global pricing regulations, including transparency laws and reporting			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Robert Krukowski, **certify that as the designated representative for**

SpringWorks Therapeutics, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DPK I am at least 21 years of age;
3. DPK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DPK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DPK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DPK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DPK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Robert Krukowski

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/23/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert Krukowski

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/23/25

Date

Please have this section completed in the presence of a Notary Public.

State of Connecticut, ss. County of Hartford

I, Robert Krukowski, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/23/25

Date

Subscribed and Sworn to before me this 23rd day of July 2025.

Notary Public Signature

SUSAN V. WEST
Notary Public, State of Connecticut
My Commission Expires April 30, 2029

(Seal)

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<RDAmelio@springworkstx.com>; Rich Perez <Rich.Perez@springworkstx.com>; Robert
Chang <Robert.Chang@springworkstx.com>; Robert Folts
<Robert.Folts@springworkstx.com>; Robert Gampe
<Robert.Gampe@springworkstx.com>; Robert Krukowski
<Robert.Krukowski@springworkstx.com>; Samriddhi Chatterjee
<Samriddhi.Chatterjee@springworkstx.com>; Sara Thuenemann
<Sara.Thuenemann@springworkstx.com>; Scott Hynes
<Scott.Hynes@springworkstx.com>; Shannon Lusk <Shannon.Lusk@springworkstx.com>;
Sharon Bathory <Sharon.Bathory@springworkstx.com>; Shawn Moncrieff
<Shawn.Moncrieff@springworkstx.com>; Stephanie Martin
<stephanie.martin@springworkstx.com>; Stephen Gwaltney
<stephen.gwaltney@springworkstx.com>; Steve Stark <Steve.Stark@springworkstx.com>;
Sue Scott <Sue.Scott@springworkstx.com>; Tara Herington
<Tara.Herington@springworkstx.com>; Timothy Bell <Timothy.Bell@springworkstx.com>;
Todd Baughman <Todd.Baughman@springworkstx.com>; Troy Unfried
<Troy.Unfried@springworkstx.com>; Uchenna Iloeje <uiloeje@springworkstx.com>; Vince
LaRosa <Vince.LaRosa@springworkstx.com>; Wendy Tsuei
<Wendy.Tsuei@springworkstx.com>; Wenlin Shao <Wenlin.Shao@springworkstx.com>;
Zack McCormack <Zack.McCormack@springworkstx.com>; Bhavesh Ashar
<Bhavesh.Ashar@springworkstx.com>; Daniel Pichl <Daniel.Pichl@springworkstx.com>;
James Cassidy <James.Cassidy@springworkstx.com>; Joe Zimmerman
<Joseph.Zimmerman@springworkstx.com>; Kristin Patterson
<kpatterson@springworkstx.com>

4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☑ Ownership Change* See Attachment A ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02569	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Sumitomo Pharma America, Inc.

Physical Address: 84 Waterford Drive

City: Marlborough State: MA Zip: 01752

Mailing Address (if different from physical address): same as physical address

City: State: Zip:

Telephone: (508) 481-6700 Website: us.sumitomo-pharma.com

Name of Designated Representative (DR): Melissa Morandi

Licensing Company Email: SMPALicensing@us.sumitomo-pharma.com DR Email: SMPALicensing@us.sumitomo-pharma.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☑ Dangerous Drugs	☑ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Distributors		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment B

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

N/A

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Sumitomo Pharma Co, Ltd.

Corporation/Organization Name: Sumitomo Pharma America, Inc.

Mailing Address: 84 Waterford Drive

City: Marlborough State: MA Zip: 01752

Telephone: (508) 481-6700 Email: SMPALicensing@us.sumitomo-pharma.com

Contact Person Name: Melissa Morandi

N/A

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration See Attachment C 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment D		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment E	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment A		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment F	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment G		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment H	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment I	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: N/A http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Sumitomo Pharma America, Inc.
Facility Name

Melissa Morandi
Print Name of Authorized Person Submitting Application

M. Morandi
Original signature of Authorized Person (copies or stamps not accepted)

24 July 2025
Date

Board Use Only	Date Received: 25775	Amount: $1000 CK 2663

Attachment A

Regarding the Ownership Change

Effective March 27, 2025, Sumitomo Pharma America, Inc. will undergo a change in ownership as a result of an internal reorganization. Their direct parent company will change from Sumitomo Pharma UK Holdings Ltd. to Sumitomo Pharma Co., Ltd. Please note that there has been no change in name, officers, designated representative, or FEIN. The facility ownership change documentation is enclosed.

An official website of the United States government Here's how you know

FDA

Search Result

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Current through March 25, 2025

You have searched Finished drug products

Search Results: *'Sumitomo Pharma America, Inc.'*

Back to Search Page

Keyword Search

Showing 1 to 43 of 43 entries Show entries

Aptiom	63402-202-28	200mg/1	TABLET	ORAL	NDA022416	Sumitomo Pharma America, Inc.	63402-202	ESLICARBAZEPINE ACETATE	ESLICARBAZEPINE ACETATE	HUMAN PRESCRIPTION DRUG
Aptiom	63402-202-30	200mg/1	TABLET	ORAL	NDA022416	Sumitomo Pharma America, Inc.	63402-202	ESLICARBAZEPINE ACETATE	ESLICARBAZEPINE ACETATE	HUMAN PRESCRIPTION DRUG
Aptiom	63402-204-28	400mg/1	TABLET	ORAL	NDA022416	Sumitomo Pharma America, Inc.	63402-204	ESLICARBAZEPINE ACETATE	ESLICARBAZEPINE ACETATE	HUMAN PRESCRIPTION DRUG
Aptiom	63402-204-30	400mg/1	TABLET	ORAL	NDA022416	Sumitomo Pharma America, Inc.	63402-204	ESLICARBAZEPINE ACETATE	ESLICARBAZEPINE ACETATE	HUMAN PRESCRIPTION DRUG
Aptiom	63402-206-28	600mg/1	TABLET	ORAL	NDA022416	Sumitomo Pharma America, Inc.	63402-206	ESLICARBAZEPINE ACETATE	ESLICARBAZEPINE ACETATE	HUMAN PRESCRIPTION DRUG
Aptiom	63402-206-60	600mg/1	TABLET	ORAL	NDA022416	Sumitomo Pharma America, Inc.	63402-206	ESLICARBAZEPINE ACETATE	ESLICARBAZEPINE ACETATE	HUMAN PRESCRIPTION DRUG
Aptiom	63402-208-28	800mg/1	TABLET	ORAL	NDA022416	Sumitomo Pharma America, Inc.	63402-208	ESLICARBAZEPINE ACETATE	ESLICARBAZEPINE ACETATE	HUMAN PRESCRIPTION DRUG
Aptiom	63402-208-30	800mg/1	TABLET	ORAL	NDA022416	Sumitomo Pharma America, Inc.	63402-208	ESLICARBAZEPINE ACETATE	ESLICARBAZEPINE ACETATE	HUMAN PRESCRIPTION DRUG
Aptiom	63402-248-56	N/A	KIT	ORAL	NDA022416	Sumitomo Pharma America, Inc.	63402-248	ESLICARBAZEPINE ACETATE	N/A	HUMAN PRESCRIPTION DRUG

GEMTESA	73336-075-07	75mg/1	TABLET, FILM COATED	ORAL	NDA213006	Sumitomo Pharma America, Inc.	73336-075	vibegron	VIBEGRON	HUMAN PRESCRIPTION DRUG
GEMTESA	73336-075-30	75mg/1	TABLET, FILM COATED	ORAL	NDA213006	Sumitomo Pharma America, Inc.	73336-075	vibegron	VIBEGRON	HUMAN PRESCRIPTION DRUG
GEMTESA	73336-075-90	75mg/1	TABLET, FILM COATED	ORAL	NDA213006	Sumitomo Pharma America, Inc.	73336-075	vibegron	VIBEGRON	HUMAN PRESCRIPTION DRUG
Latuda	63402-302-04	20mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-302	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-302-10	20mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-302	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-302-30	20mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-302	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-302-50	20mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-302	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-302-90	20mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-302	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-304-04	40mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-304	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-304-10	40mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-304	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-304-30	40mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-304	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-304-50	40mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-304	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-304-90	40mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-304	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-306-04	60mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-306	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-306-10	60mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-306	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-306-30	60mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-306	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-306-50	60mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-306	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG

Latuda	63402-306-90	60mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-306	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-308-04	80mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-308	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-308-10	80mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-308	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-308-30	80mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-308	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-308-50	80mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-308	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-308-90	80mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-308	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-312-04	120mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-312	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-312-10	120mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-312	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-312-30	120mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-312	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-312-50	120mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-312	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Latuda	63402-312-90	120mg/1	TABLET, FILM COATED	ORAL	NDA200603	Sumitomo Pharma America, Inc.	63402-312	lurasidone hydrochloride	LURASIDONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Lunesta	63402-190-30	1mg/1	TABLET, COATED	ORAL	NDA021476	Sumitomo Pharma America, Inc.	63402-190	ESZOPICLONE	ESZOPICLONE	HUMAN PRESCRIPTION DRUG
Lunesta	63402-193-09	3mg/1	TABLET, COATED	ORAL	NDA021476	Sumitomo Pharma America, Inc.	63402-193	ESZOPICLONE	ESZOPICLONE	HUMAN PRESCRIPTION DRUG
Orgovyx	72974-120-01	120mg/1	TABLET, FILM COATED	ORAL	NDA214621	Sumitomo Pharma America, Inc.	72974-120	relugolix	RELUGOLIX	HUMAN PRESCRIPTION DRUG
Orgovyx	72974-120-95	120mg/1	TABLET, FILM COATED	ORAL	NDA214621	Sumitomo Pharma America, Inc.	72974-120	relugolix	RELUGOLIX	HUMAN PRESCRIPTION DRUG
Orgovyx	72974-120-97	120mg/1	TABLET, FILM COATED	ORAL	NDA214621	Sumitomo Pharma America, Inc.	72974-120	relugolix	RELUGOLIX	HUMAN PRESCRIPTION DRUG
RETHYMIC	72359-001-01	22000mm/1	IMPLANT	INTRAMUSCULAR	BLA125685	Sumitomo Pharma America, Inc.	72359-001	allogenic thymocyte-depleted thymus	ALLOGENEIC THYMOCYTE-	HUMAN PRESCRIPTION DRUG

Attachment B

Nature of Business

Sumitomo Pharma America, Inc. (SMPA) as of July 1, 2023 is an FDA-approved manufacturer with its legal office located at 84 Waterford Drive, Marlborough, Massachusetts. SMPA's hours of operation are Monday through Friday, 9 a.m. to 5 p.m. SMPA is a fully integrated pharmaceutical company that addresses unmet patient needs in many therapeutic areas.

SMPA contracts with licensed third parties to manufacture its products and employs third party logistics providers (who are properly licensed) to warehouse and distribute the products in the US and Puerto Rico. Accordingly, SMPA at this time, does not physically manufacture or distributes any products at any of its locations, and therefore, is not subject to an FDA inspection.

SMPA utilizes properly licensed third parties to physically distribute its products. Product is shipped from SMPA's third party logistics providers to its Authorized Distributors of Record. The information for the contract manufacturer and third-party logistics providers are provided below:

Contract Manufacturers and Contract Packagers:

Patheon Pharmaceuticals
Address: 2110 E Galbraith Road, Cincinnati, OH 45242
FDA Registration: 1510437

Patheon Inc. (Whitby)
Address: 111 Consumers Drive, Whitby, Ontario L1N 5Z5
FDA Registration: 3003516812

Sharp Corporation
Address: 7451 Keebler Way, Allentown, PA 18106
FDA Registration: 3004161147

AndersonBrecon Inc. d/b/a PCI of Illinois
Address: 4545 Assembly Drive, Rockford, IL 61109
FDA Registration: 1421377

Piramal Pharma Limited (India)
Plot No. 67-70 Sector II District Dhar, Pithampur
Madhya Pradesh 454775
FDA Registration: 3005259207

Bial-Portela & CA, S.A.
A.Avenida Da Sideurgia Nacional
SAO Mamede, Coronado, 4745-457, Portugal
FDA Registration: 3007703969

Third Party Logistics Providers:

UPS Supply Chain Solutions, Inc.
Address: 1920 Outer Loop, Door 140, Louisville, KY 40219

Attachment E

Corporate Officer and Director Information

Sumitomo Pharma America, Inc.
84 Waterford Drive
Marlborough, MA 01752

Corporate Officers:

Andrew Hetherington
Chief Technology and Quality Officer

Tsutomu Nakagawa
Chief Strategy Officer

Directors:

Ron Gimbel
Tsutomu Nakagawa

The corporate officers and Directors may be reached at the above address.

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMITOMO PHARMA AMERICA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

2026900 8300

SR# 20252809709

Authentication: 203813797

Date: 05-29-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

Attachment I

Resident State License and Verification

An official website of the Commonwealth of Massachusetts Here's how you know

Mass.gov | Office of Health and Human Services (EOHHS) License Verification Site

To view a list of status definitions please view the Bureau of Health Professions Licensure License Status Definitions.

License Information

License Type:	Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration
License Number:	VIR200027
Status:	Current
Organization Name:	Sumitomo Pharma America, Inc.
Last Issue/Renewal Date:	May 02, 2025
Expiration Date:	June 06, 2026
Address:	84 Waterford Drive Marlborough, MA 01752

Compliance Actions/Fines

There are no public compliance actions or fines against this license/registration record.

Verification of Licensure

If you require a Verification of Licensure for this license, please log in to https://healthprofessionlicensing.mass.gov/ and choose "Submit a New Record Request". For all other records related to this license, please make a public records request at PublicRecordsAdmin@MassMail.State.MA.US

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<< Back to Search Page

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

Massachusetts Controlled Substance Registration

In accordance with the provision of Massachusetts General Laws, Chapter 94C, issues the registration of Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration to:

Sumitomo Pharma America, Inc.
84 Waterford Drive
Marlborough, MA 01752

Robert Goldstein, MD, PhD
Commissioner - Department of Public Health

Registration Number: VIR200027

Type: Virtual Manufacturer

Issue Date: 05/02/2025

Expiration Date: 06/06/2026

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 20BSBJC8079

Application/License No. WH02569

Sumitomo Pharma America, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 84 Waterford Dr, Marlborough, MA 01752 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza, Hartford CT 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 19, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 19th day of October, 2023.

APPLICANT/PRINCIPAL
Sumitomo Pharma America, Inc.

Authorized Representative

SURETY COMPANY
Hartford Fire Insurance Company

Surety Company's Representative

Shelby Russell, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness
Rachel A. Chaveriat

Witness
Sarah Major

Countersigned by:

N/A
Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT: **Agency Name:** MARSH USA LLC

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [X] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [X] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited :

Shelby Russell

of

Knoxville, TN

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say; that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of October 19, 2023

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

Attachment G

Designated Representative Form

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Sumitomo Pharma America, Inc.

Pharmacy/Wholesaler License # (if applicable): WH02569

Physical Address: 84 Waterford Drive

City: Marlborough State: MA Zip: 01752

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: (508) 481-6700 Website: US. sumitomo-pharma.com

Licensing Company Email: SMPALicensing@us.sumitomo-pharma.com

Section 2: Personal Information

First: Melissa Middle: Ann Last: Morandi

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: 84 Waterford Drive

City: Marlborough State: MA Zip: [redacted]

Telephone: [redacted] Email: SMPALicensing@us.sumitomo-pharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service *under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)*		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
	City	State	Zip
Diploma/Degree obtained, if any			

School Name California State University		From - To (MM/YY – MM/YY) 1992 - 1994	
Address 18111 Nordhoff St.	*City* Northridge	*State* CA	*Zip* 91330
Diploma/Degree obtained, if any Masters of Science, Biology (Micro + Immunology)			

School Name University of California		From - To (MM/YY – MM/YY) Grad. 12/1986	
Address 5221 Cheadle Hall	City Santa Barbara	State CA	Zip 93106
Diploma/Degree obtained, if any BA, Interdisciplinary Studies, Biochemistry & Molecular Biology			

School Name Pomona Catholic		*From - To (MM/YY – MM/YY)* Grad. 6/1983	
Address 533 Holt Ave.	City Pomona	State CA	Zip 91868
Diploma/Degree obtained, if any High School Degree			

School Name N/A		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/2022-Current	[redacted]	Chestnut Hill	MA	[redacted]
2/2010-8/2022	[redacted]	Brookline	MA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Sumitomo Pharma America, Inc.			9/2019 - Current	
Business Address	**City**		**State**	**Zip**
84 Waterford Drive	Marlborough		MA	01752
Phone	**Title**		**Number of Employed Hours**	
(508) 481-6700	VP, Quality		full time 40 hrs/week	
Description of Duties				
ensures overall compliance and quality oversight for commercial and clinical products, contract manufacturing and contract research organizations. Maintains the quality management systems.				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			*From - To (MM/YY – MM/YY)*	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Melissa Morandi, **certify that as the designated representative for**

Sumitomo Pharma America, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MM I am at least 21 years of age;
3. MM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Melissa Morandi

Print Name (First, Last)

M. Morandi

Original Signature (electronic, copies or stamps not accepted)

30 Jul 2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Melissa Morandi

Print Name (First, Last)

M. Morandi

Original Signature (electronic, copies or stamps not accepted)

30 Jul 2025

Date

Please have this section completed in the presence of a Notary Public.

State of Massachusetts, ss. County of Norfolk

I, Melissa Morandi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

M. Morandi

Original Signature

30 Jul 2025

Date

Subscribed and Sworn to before me this 30th day of July 2025.

Notary Public Signature

Jarrod Nathaniel Simmons
NOTARY PUBLIC
Commonwealth of Massachusetts
My Commission Expires May 27, 2027

(Seal)

Preferred Name	Business Title
Aanika Das	Associate Director, Medical and Scientific Communications
Aaron Gonzalez	Multi-Specialty Portfolio Specialist
Aaron Perna	Director, Patient Services and HUB
Abby Awobona	Multi-Specialty Portfolio Specialist
Abha Gupta	Director, IT Commercial
Abhishek Das	Director, Analytical and Translational Science, Cell Therapy
Achsah Warren	VP, Compliance
Adam Bagwell	Multi-Specialty Portfolio Specialist
Adam Brozynski	Senior Manager, Data Engineer
Adam Carrera	Director, Medical Managed Markets HEOR and RWE
Adam Conley	Associate Director, Contract Administration
Adam Dunn	Sales Account Manager, Women's Health
Adam Hornung	Senior Multi-Specialty Portfolio Specialist
Adam Siddiqui	Senior Director, Research Innovation
Aditya Talluri	Senior Development Manager
Adrian Rainone	Manager Facilities Workplace & Business Operations
Adrianna Brown	Associate Scientist 1
Ahalya Ramanathan	Associate Director, Commercial Manufacturing
Aimee Lofton	Multi-Specialty Portfolio Specialist
Akinobu Watanabe	Associate Director, Clinical Research Scientist
Akshay Agrawal	Manager, Data Engineer
Alan Menaged	Associate Director, Commercial Reporting
Albert Fong	Assoc Director, IT Commercial
Alberto de la Torre	Associate Director, Enterprise User Technology and Services Engineer
Alecia Sistrunk	Manager, Regional Sales - Specialty
Aleksandr Eygurin	Senior Territory Sales Manager - Specialty
Alex Lang	Senior Process and Analytical Development Scientist
Alex Paras	Multi-Specialty Portfolio Specialist
Alexa Sison	Territory Sales Manager - Specialty
Alexander Rucci	Director, Project Administration
Alexandra Lau	Executive Assistant
Alison Carland	Multi-Specialty Portfolio Specialist
Allison Black	Manager, Field Intelligence Products
Allison Kelly	Multi-Specialty Portfolio Specialist
Alyse Hausherr	Territory Sales Manager - Specialty
Alyson Baltes	Multi-Specialty Portfolio Specialist
Amber Bengtsson	Sales Account Manager, Oncology
Amina Ben Letaief	Senior Manager, Clinical Supply Chain
Amira Gay	Senior Analyst, Contract Operations

Amol Mahale	Director, Analysis and Insight Generation
Amy Craig	Multi-Specialty Portfolio Specialist
Amy Engels	Territory Sales Manager - Specialty
Amy Farrell	Senior Multi-Specialty Portfolio Specialist
Amy French	Associate Director, Clinical Data Management
Amy Howes	Manager, Contract Administration
Amy Inamoto	Senior Director, Regulatory Affairs
Amy Johnson	Director, Medical Affairs Strategy
Amy Niu	Director, Market Access Marketing
Amy Smith-Remillard	Associate Director, Medical Writing
Amy Ternent	Senior Territory Sales Manager - Specialty
Amy Williams	Multi-Specialty Regional Business Manager
Amy Wright	Associate Director, Commercial Learning and Development
Anabel Mercado	Analyst, Medicaid Contract Administration
Andi McFarlane	Multi-Specialty Portfolio Specialist
Andre Flowers	Senior Territory Sales Manager - Specialty
Andrea Andrade	Regional Sales Director
Andrea Barrett	Sales Account Manager, Oncology
Andrea Cook-Julian	Executive Director, Alliance Management
Andrea Yeager-Ford	Multi-Specialty Portfolio Specialist
ANDREW ALLEN	Senior Director, Compliance
Andrew Burch	Senior Manager, Marketing Operations
Andrew Hetherington	Chief Technology and Quality Officer
Andrew Lambrechts	Territory Sales Manager - Specialty
Andrew Quinn	Associate Director, Sales Incentive Comp Programs
Andrew Thorpe	Senior Director, Head of Medical Strategy
Andy (Atsunori) Handa	Executive Director, Commercial Portfolio Strategy, Planning and Operations
Andy Nguyen	Senior Director, Global Commercial & Market Access Strategy
Angela Gautreaux	Sales Account Manager, WH
Angela Kim	Multi-Specialty Portfolio Specialist
Angela Mellon	Executive Director, Quality Assurance
Angela Muse	Sales Account Manager, Oncology
Angela Robinson	Principal Medical Science Liaison
Angela Ward	Regional Sales Director
Anh Pham	Associate Director, Clinical Data Programming
Ankur Chaudhari	Knowledge Base Scientist
Ann Spring	Assoc. Director, IT Web Services
Anna Belko	Senior Manager, Clinical Business Operations, Oncology
Anna Byra-Grzegorczyk	Senior Director, Regulatory Affairs
Anna Copeland	Senior Director, Commercial Learning and Development

Anne Blanco	Senior Director, Clinical Trials Management
Annette Viamonte	Sales Account Manager, Oncology
Annie Jopling	Senior Medical Science Liaison
Anthony Hill	Senior Manager, Regional Sales - Specialty
Anthony Mastrangelo	Director, Field Medical
Anthony Nicolli	Sales Account Manager, Oncology
Anthony Palmieri	Senior Manager, Platform Engineer
Anthony Penna	Associate Director, Strategic Sourcing
Anthony Thatcher	Senior Director, Manufacturing
Antonio Eatmon	Manager, cGMP Manufacturing
Anu Murthy	Associate Director, Statistical Programming
Anum Murtaza	Executive Director, Financial Planning and Analysis
Areeba Hamirani	Senior Manager, Clinical Trials
Ariana Banijamali	Associate Manager, PV Operations
Aristides Rojas	Senior Territory Sales Manager - Specialty
Arnavaz Kraft	Sales Account Manager, Oncology
Ashley Aguilar	Multi-Specialty Portfolio Specialist
Ashley Chen	Territory Sales Manager - Specialty
Ashley Robinson	Associate Manager, PV Operations
Ashley Thielen	Senior Medical Science Liaison
Ashley Tippit	Sales Account Manager, Oncology
Ashley Waite	Senior Territory Sales Manager - Specialty
Ashly Berg	Senior Territory Sales Manager - Specialty
Asna Omarzai	Manager, Regulatory Affairs
Athena Sans	Multi-Specialty Portfolio Specialist
Aubrey Silence	Manager, US Tax
Audra Gabriau	Accounts Receivable Analyst
Avianna McGrath	Executive Multi-Specialty Portfolio Specialist
Ayeshah Ali	Associate Director, GCP Quality
Aylin Ugur	Senior Paralegal
Azure Aronsson	Senior Counsel
Balajojireddy Vangala	Associate Director, Quality (IT and CSV)
Barbara Spada	VP, Head of Commercial Strategy and Operations
Barry Daye	Senior Manager, Regional Sales - Specialty
Ben Chang	Sales Account Manager, Oncology
Ben Hoffman	Senior Manager, IT Business Management
Benjamin Scott	Senior Territory Sales Manager - Specialty
Bernadette Hallissey	Senior Director, Brand Advanced Analytics
Besarta Bakalli	Manager, HRIS
Beth LaFace	Senior Territory Sales Manager - Specialty

Betsy Kolano	Executive Director, Strategic Planning & Management
Betzy Estrada	Chief Human Resources Officer
Bill Burgos	Senior Manager, Clinical Supply Chain
Bill Getty	Executive Director, Commercial Strategy & Launch Lead
Bill Lucas	Senior Director, Marketing
Billie-Ricci Caraos	Senior Director, CTSA
Bingnan Kang	Associate Director, Pricing, Contracting Strategy and Analytics
Bisi Otulana	Bioinformatic Scientist
Blair McNeill	SVP, Head of Cell Therapy
Bo Xu	Senior Director, Biostatistics
Brad Muncher	Multi-Specialty Portfolio Specialist
Bradley Hocker	Sales Account Manager, Oncology
Bradley Speight	Director, Commercial Analytics - Oncology
Brandon Erkkila	Multi-Specialty Portfolio Specialist
Breeann Bryan	Biomarker Sample Operations Lead
Brenda Neal	Executive Director, Marketing Operations
Brendan Mallon	Manager, Financial Planning and Analysis
Brent Oakleaf	Executive Director, Contract Operations
Brent Sneller	Senior Multi-Specialty Portfolio Specialist
Brett DeBarba	Multi-Specialty Regional Business Manager
Brett Dickey	Executive Multi-Specialty Portfolio Specialist
Brett Newbrough	Senior Territory Sales Manager - Specialty
Brian Buchalski	Multi-Specialty Portfolio Specialist
Brian Caselli	Senior Director, Regulatory Affairs
Brian Cullins	Sales Account Manager, WH
Brian Diaz	Supervisor Security & Mailroom Operations
Brian Hennessy	Sales Account Manager, Oncology
Brian Kodi	VP, Strategic Pricing and Contracting
Bridget Schuster	Sales Account Manager, Women's Health
Bridget Smith	Multi-Specialty Portfolio Specialist
Britt McCormick	Regional Sales Director
Brittain Rhodus	Territory Sales Manager - Specialty
Brittany Eisenbarth-Jenkins	Associate Director, Clinical Data Management, Oncology
Brittany McLellan	Manager, Procurement
Brittny Pulley	Director, CMC Manufacturing
Bryan Carling	Multi-Specialty Portfolio Specialist
Bryan Key	Multi-Specialty Portfolio Specialist
Bryan Woods	Multi-Specialty Portfolio Specialist
Caitlin Hackett	Analyst, Medicaid Contract Administration
Cami Knox-Du Bois	Senior Sales Account Manager, WH

Candice Ebeling	Sales Account Manager, Oncology
Cara Kwastel	Territory Sales Manager - Specialty
Carey Hoffman	Associate Director, Logistics and Distribution
Carla Rospigliosi	Senior Director, GMP Operations
Carolyn Brunke	Senior Territory Sales Manager - Specialty
Carolyn Saffer	Executive Director, Head of Clinical Business Operations, Oncology
Carrie Morris	Sales Account Manager, WH
Carrie Porter	Executive Multi-Specialty Portfolio Specialist
Carson Tao	Director, AI for Knowledge Discovery
Carter Infinger	Senior Territory Sales Manager - Specialty
Casey Snell	Multi-Specialty Portfolio Specialist
Cassandra Lickert	Executive Director, Head of Global Medical Managed Markets, HEOR & RWE
Catherine Au	Manager, Medical and Scientific Communications
Catherine Broxterman	Multi-Specialty Regional Business Manager
Catherine Jonathan	Associate Director Strategic Sourcing R&D and Supply Chain
Catherine Nguyen	Manager, Accounting
Celena Dyal	Counsel
Cena Krauss	Clinical Trial Associate, Oncology
Chad Puett	Multi-Specialty Portfolio Specialist
Chakradhar Thopuri	Sr. Manager, IT G&A
Chantal Rubino	Executive Territory Sales Manager - Specialty
Charles Miller	Associate Director, CMC MST
Chengbin Dai	Director, Commercial Insights and Analytics
Cherlynn Key	Senior Territory Sales Manager - Specialty
Cheryl Burch	Senior Multi-Specialty Portfolio Specialist
Chia-Ling Chung	Manager, Executive Intelligence Products
Chris Carroll	Senior Director, Facilities
Chris Chu	Senior Manager, Revenue Accounting
Chris Gullette	Multi-Specialty Portfolio Specialist
Chris Houser	Territory Sales Manager - Specialty
Christina Lewis	Senior Sales Account Manager, Oncology
Christine McDonald	Associate Director, Quality Assurance
Christine Nguyen	Senior Manager, Supply Chain
Christine Sam	Director, Congress Strategy and Planning
Christine Schwall-Pecci	Director, Medical Affairs Strategy
Christine Virtue	Territory Sales Manager - Specialty
Christopher Bracksieck	Senior Manager, Regional Sales - Specialty
Christopher Brecken	Senior Manager, Supply Chain
Christopher Cao	Manager, PVRM
Christopher Howland	Senior Sales Account Manager, Oncology

Christopher Hvinden	Multi-Specialty Portfolio Specialist
Christopher Ott	Director, GMP/CMC Quality
Chuck Sullivan	Multi-Specialty Portfolio Specialist
Cicely Brenner	Multi-Specialty Portfolio Specialist
Cindee Truong	Director, Supply Chain
Claire Le Cheminant	Senior Territory Sales Manager - Specialty
Corinne Thornton	Senior Regional Account Manager
Cortnie Gagnon	Sr Director, Upstream and Omni-Channel Marketing
Cory Rogers	Senior Multi-Specialty Portfolio Specialist
Courtney Gervais	Director, Internal Audit and Risk Management
Courtney Johnson	Associate Director, CMC Validation
Courtney McKim	Director, Supply Chain-Biologics
Courtney Moffit	Senior Sales Account Manager, WH
Courtney Robinson	Senior Territory Sales Manager - Specialty
Courtney Treannie	Senior Order Management Coordinator
Craig Dustin	Director, Financial Systems Support
Craig WIlliams	Sales Account Manager, Oncology
Cristian Geday	Senior Multi-Specialty Portfolio Specialist
Curtis Allred	Senior Manager, Translational Research and Clinical Biomarkers
Curtis Sosnowski	Senior Corporate Account Director
Curtis Thelen	Senior Regional Account Manager - LTC
Cynthia Slemmons	Senior Sales Account Manager, Oncology
Damion McLaren	Director Service Delivery
Dan Kane	Senior Director, Treasury and OTC
Dan Sarazen	Information Security Compliance Manager
Dan Schuette	Director, IT Compliance
Dana Longo	Medical Science Liaison
Dana Meier	Director, Field Medical
Daniel Ballou	Director, Accounts Payable and T&E
Daniel Bartolucci	Senior Director, Market Access Marketing
Daniel Petrillo	Director, Regulatory Affairs
Daniel Smith	Sales Account Manager, Oncology
Danielle Girnus	Multi-Specialty Portfolio Specialist
Danielle Shnaper	Senior Manager, Internal Audit
Danilo Javier	Senior Manager, Payroll
Danna Frank	Senior Territory Sales Manager - Specialty
Danny Benavidez	Associate Director, Pricing, Contracting Strategy and Analytics
Danny Snyder	Manager, Human Resources
Darrell Tallman	Territory Sales Manager - Specialty
Darren Helowicz	Multi-Specialty Portfolio Specialist

Darren Zumbado	Senior Director, Payroll Operations
Dave Sargent	Associate Director, Commercial Data Management
David Baggetta	Associate Director, Cost Accounting
David Blackwell	Multi-Specialty Portfolio Specialist
David Clark	Sales Account Manager, Oncology
David Davis	Senior Director, Engineering and Validation
David Dillon	Senior Sales Account Manager, Oncology
David Ducharme	Associate Director, Compliance
David Fisher	Senior Director, Regulatory Operations
David Fitzpatrick	Associate Director, Service Delivery Engineer
David Han	Associate Director, Commercial Manufacturing
David Murdoch	Director, Corporate Communication
David Musselman	VP, Sales - Community Care and Urology Specialty
David Novelline	Principal, Network Architect
David Sabol	Senior Territory Sales Manager - Specialty
David Seaback	Executive Director, Supply Chain Operations
David Sweet	Senior Territory Sales Manager - Specialty
Dawn Buono	Manager GXP Training and Document Management
Dawn Hartmann	Regional Business Manager
Dawn Spengler	Multi-Specialty Portfolio Specialist
Deb Daniels	Multi-Specialty Portfolio Specialist
Debbie Trodden	Director, Service Delivery
Debra Jerszyk	Manager T&E
Dedra Thomson	Multi-Specialty Portfolio Specialist
Dee Ritter	Multi-Specialty Portfolio Specialist
Delmar Showell	Manager, Maintenance
Denise deBeer	Senior Manager, Clinical Trials
Denitza Broughman	Multi-Specialty Portfolio Specialist
Derek Corson	Regional Sales Director
Derrick Simon	Multi-Specialty Portfolio Specialist
Desiree Heberle	Senior Sales Account Manager, Oncology
Devin Cuillierrier	Associate Director, Incentive Compensation
Dhrumil Shah	Data Platform Engineer
Diana Borrelli	Regional Business Manager
Diane Lifton	SVP, Head of Legal, Biopharma
Dina Vasilantonakis	Sales Account Manager, Oncology
Diomara Delvalle	Senior Procurement Specialist
Divya Punukollu	Senior HRIS Analyst
Dominic Greene	Associate Director, Quality Operations
Don Lee	Director, Pricing and Contracting

Don Stroud	Territory Sales Manager - Specialty
Dongmei Zhai	Director, Biostatistics
Donna Farago	Associate Director, Quality Systems
Donna Quirk	Vice President, Internal Audit
Donny Birjah	Area VP, Sales - Specialty
Dorothy Aikin	Director, Analytical Operations
Douglas Campbell	Exec Director Strategic Planning & Execution
Drue Thornton	Multi-Specialty Portfolio Specialist
Dustin Gillis	Associate Director, Compensation
Dwayne Romualdez	Senior Manager, Medical Affairs Technology and Digital Innovation
Dylan DiEdwardo	Manufacturing Associate II, cGMP Manufacturing
Edith Hall	Senior Territory Sales Manager - Specialty
Edward Lally	Associate Director, Commercial Manufacturing
EDWARD TROUBLEFIELD	Multi-Specialty Portfolio Specialist
Eileen Maunsell	Senior Manager, Clinical Project Management
Elaine Iadevaia	Senior Manager, QA Operations
Elaine Madeo	Senior Director, Project Administration
Elba Haskins	Senior Manager, cGMP Manufacturing Compliance
Elda Freitas	Associate Director, Government Pricing and Compliance
Elicia Bagnardi	Multi-Specialty Portfolio Specialist
Elizabeth Casella	Senior Territory Sales Manager - Specialty
Elizabeth Minerd	VP, Head of Healthcare Law
Elizabeth Penniman	Senior IP Paralegal
Elizabeth Theophile	Senior Director, Marketing Operations
Ellaria Lee	Medical Science Liaison
Ellen Sanford	Senior Director, Clinical Supply Chain
Emenike Ndukwe	Director, Market Access Marketing
Emilee Harris	Executive Assistant
Emilia Ianakova	Senior Medical Director, PVRM
Emily Brooks	Senior Director, CDx and Precision Medicine
Emily Hutchinson	Territory Sales Manager - Specialty
Emily Jensen	Senior Sales Account Manager, Oncology
Emily Skibicki	Senior Territory Sales Manager - Specialty
Emily Sudhyadhom	Senior Director, CMC
Emma Downey	Associate Director, EH&S Facilities Management
Emma Sokolowski	Senior Clinical Trial Associate, Oncology
Eric Jackson	Executive Director, Pricing and Contracting
Eric Kenney	Manager, Information Security Engineer
Eric Mason	Counsel
Eric Ortiz	Senior Manager, Business Operations

Eric Travis	Senior Manager, Trade Compliance and Logistics
Erica Guthrie	Senior Legal Counsel
Erica Lozouski	Senior Administrative Assistant
Erica Ryan	Senior Director, Human Resources Business Partner
Erik Teensma	Associate Director, Cloud Architect
Ernest Duah	Manager, Translational Research and Biology Innovation
Ersen Tanitkan	Executive Territory Sales Manager - Specialty
Esther Lewis-White	VP, Commercial Manufacturing
Eunice Hartman	Senior Territory Sales Manager - Specialty
Fancy Armstrong	Sales Account Manager, Oncology
Farhan Aslam	Executive Director, Project Management
Felix Torres	Senior Sales Account Manager, Oncology
Ferdinand Victoria	Senior Manager, GXP Document Control and Training
Frances Darden Powell	VP, Marketing - Community Care and Urology Specialty
Franck Baudry	Counsel
Frank Fu	Director, Analytical Development
Franni Oldroyd	Sales Account Manager, Women's Health
Fred Sliney	Multi-Specialty Portfolio Specialist
Freddie Williams	Senior Territory Sales Manager - Specialty
Fredricco Norman	Inventory Management Specialist
Frenel DeMorin	VP, CMC Development
Gabriella La Monica	Senior Director, Leadership and Organizational Development
Gabrielle Harvey	Territory Sales Manager - Specialty
Gabrielle Tandet	VP, Strategy and Operations
Gaganpreet Dhillon	Executive Multi-Specialty Portfolio Specialist
Gail Marie Tennison	Senior Medical Science Liaison
Ganesh Murthy	Senior Manager, IT PMO
Gary Meisels	Multi-Specialty Portfolio Specialist
Gavin LaMaide	Senior Territory Sales Manager - Specialty
Geoff Barnes	Director, Supply Chain
Gerard Francis Amalraj	Sr. Manager, IT Commercial
Gerard Vandermeys	Multi-Specialty Regional Business Manager
German Valdez	Senior Territory Sales Manager - Specialty
Gewarren Owens	Territory Sales Manager - Specialty
Gina Cromwell	Executive Director, Talent Acquisition
Ginger Leal	Multi-Specialty Portfolio Specialist
Giovanny Jaramillo	Director, Enterprise Infrastructure Architect
Govind Chourasia	Assoc. Director, IT R&D
Greg Johnson	Director, Global Trade Compliance and Logistics
Greg Vennemann	Senior Director, Marketing

Gregg Kern	Senior Manager, Regional Sales - Specialty
Gregory Johnson	Senior Specialist GMP QA
Gregory La Mar	Territory Sales Manager - Specialty
Gregory Morrill	Senior Director, Payor Corporate Accounts
Gregory Smith	Senior Manager, Treasury
Greta Austin	Senior Territory Sales Manager - Specialty
Gretchen Kiklis	Senior Director, Program Management Operations
Guia Guffanti Masetti	Executive Director, Bioinformatics
Hali Black	Director, Complaints
Hannah Kerr	Multi-Specialty Portfolio Specialist
Haruhisa Iguchi	Senior Director, Tech Transfer and Strategic Partnerships Lead – RACMO
Hayley Beatenhead	Executive Territory Sales Manager - Specialty
Heather Flathau	Territory Sales Manager - Specialty
Heather White	Senior Territory Sales Manager - Specialty
Helen Smith	Executive Territory Sales Manager - Specialty
Hilary Mawindi	Sales Account Manager, Oncology
Himanshu Mishra	Sr. Director, IT TOQ
Hiroshi Yoshioka	Senior Manager, Program Management
Hiroyuki Nishikawa	Executive Director, Translational Medicine and Early Development
Hitesh Joshi	Senior Director, Procurement, AP and T&E
Hitomi Tamagawa	Executive Assistant
Holly Beever	Associate Director, Clinical Operations, Oncology
Holly Hines	Sales Account Manager, WH
Hongliang Cai	Senior Director, Clinical Pharmacology and Drug Metabolism
Hongmei Cao	Associate Director, Advanced Analytics
Huy Lu	Territory Sales Manager - Specialty
J.J. Lovegrove	Corporate Account Director
Jack Nguyen	Cloud Engineer
Jackie Gonzales	Director, Medical Writing, Oncology
Jacqueline Duhe	Director, HCP Marketing
Jacqueline Gorbey	Senior Counsel, Brand Legal
Jaime Levinson	Analyst, Contract Administration
Jaimee Johnson	Sales Account Manager, Oncology
Jake Schaeffer	Senior Manager, Enterprise Infrastructure Architect
James Hudgins	Territory Sales Manager - Specialty
James Jenkins III	Senior Sales Account Manager, Oncology
James Lundstrom	Sales Account Manager, Oncology
James McAdams	Director, Alliance Management
James Miteff	VP, Head of Market Access
James Shepherd	National Account Director - Trade

James Vigie	Sales Account Manager, Oncology
James Wilcox	Director, CMC Project Management, Early Phase
Jamie Thu Can	Sales Account Manager, Oncology
Jamie Wells	Senior Manager, HCP Marketing
Janae Lehto	Associate Director, Clinical Data Management, Oncology
Janet Owens-Grillo	Executive Director, Clinical Research
Janice Hudspeth	Executive Multi-Specialty Portfolio Specialist
Janie Kerrigan	Multi-Specialty Portfolio Specialist
Jarrod Smith	Manager, Regional Sales - Specialty
Jasmine Carvalho	Associate Director, Commercial Insights and Analytics
Jasmine Hurley	Associate Director, Medical Affairs Strategy - Oncology
Jasmine Pham	Manager, Business Operations
Jason Baker	Senior Sales Account Manager, Oncology
Jason Foulks	Executive Director, Head of Translational Research
Jason Gemeiner	Regional Sales Director
Jason Lesko	Associate Director, Service Delivery Engineer
Jason Ma	Sr Manager, Clinical Supply Chain
Jason Ortmeier	Sales Account Manager, Oncology
Jason Ross	Senior Sales Account Manager, WH
Jason Wasikowski	Senior Engineer I, CMC Engineering
Jatin Shah	Chief Medical Officer-Oncology
Jay Clark	Senior Territory Sales Manager - Specialty
Jayanthi Jayapal	Regional Sales Director
Jean Pathil	Director, Government Pricing and Compliance
Jean Shen	Senior Manager, Revenue Accounting
Jeana Colabianchi	Senior Regional Account Manager
Jeff Michael	Regional Sales Director
Jeff Miller	VP, Head of Enterprise Technology and Information Security
Jeff Swift	Executive Director, Head of Enterprise Infrastructure Services
Jeff Zych	Manager, Financial Planning and Analysis
Jeffrey Andrews	Senior Director, National Corporate Accounts
Jeffrey Artabane	Commercial Lead, Operational Effectiveness
Jeffrey Autrey	Associate Director, Regulatory Affairs
Jeffrey Chang	Sr. Director, IT Audit & GxP Readiness
Jeffrey Galicki	Associate Director, Service Delivery Engineer
Jeffrey George	Associate Director, Financial Planning and Analysis
Jeffrey Mabry	Senior Manager, Regional Sales - Specialty
Jeffrey Martin	Sales Account Manager, Oncology
Jeffrey Nesheim	Director, Medical Managed Markets and RWE
Jeffrey Pederson	Senior Director, Head of Cell Quality

Jeffrey White	Corporate Account Director - Payor
Jen Ruhle	Associate Director, Financial Planning and Analysis
Jenniefer Todd	Sr Manager - IT Commercial
Jennifer Axe	Executive Territory Sales Manager - Specialty
Jennifer Baird	Executive Director, Engagement and Communications
Jennifer Caffarelli	Regional Sales Director
Jennifer Cauley	Associate Director, Computer Systems Quality
Jennifer Conti	Director, Market Access Strategy and Marketing Effectiveness
Jennifer Coppola	VP, Head of Medical Affairs
Jennifer Daniels	Administrative Assistant
Jennifer Goldstein	Senior Counsel, Brand Legal
Jennifer Greene	Director, Analytical Research and Development
Jennifer Guilmette	Manager, Contract Administration
Jennifer Klopotowski	Multi-Specialty Portfolio Specialist
Jennifer Moore	Senior Director, PV Quality Assurance
Jennifer Papineau	Sales Account Manager, Oncology
Jennifer Rotella	Sales Account Manager, WH
Jenny Choi	Director, Omnichannel Marketing - Prostate Cancer
Jenny Govert	Multi-Specialty Portfolio Specialist
Jenny Wong	Senior Director, Supply Chain
Jeremy Lowe	Multi-Specialty Portfolio Specialist
Jeremy Tompkins	Senior Territory Sales Manager - Specialty
Jerry Bible	VP, Sales
Jerry Cox	Director, Field Force Effectiveness
Jerry Jackson	Territory Sales Manager - Specialty
Jerry Mowrey	Senior Territory Sales Manager - Specialty
Jesse Chaffino	Sales Account Manager, Oncology
Jessica Hodge	Regional Sales Director
Jessica Johnson	Executive Director, Research and Development Strategy Planning and Execution
Jessica McKeon	Senior Medical Science Liaison
Jessica Ontiveroz	Multi-Specialty Portfolio Specialist
Jessica Rogers	Associate Director, Travel and Meeting Services
Jessica Schneider	Manager, Compliance
Jessica Spring	Associate Director, Order to Cash
Jessica Stifel	Director, Commercial Meeting and Conventions
Jeyshree Ramachandran	Senior Counsel, Corporate and Business Development
Jian Li	Senior Medical Director, Clinical Research
Jian Liu	Senior Director, Tax
Jill Lopez	Senior Territory Sales Manager - Specialty
Jill Matteis	Sales Account Manager, Oncology

Jill Rankin	Associate Director, Strategic Sourcing, Commercial
Jill Walker	Senior Territory Sales Manager - Specialty
Jim Knott	Senior Government Account Director
Jim McDonough	Senior Director, Project Management Operation
Jimmie Dougan	Multi-Specialty Portfolio Specialist
Jinchan Qu	Senior Manager, Biostatistics
Jingmei Lu	Senior Manager, Biostatistics
Jinny Lee	Senior Manager, Translational Research and Clinical Biomarkers
Jo-Ann Fleishman	Multi-Specialty Portfolio Specialist
Joanna Murray	Director, Program Management
Joanne Horton	Senior Manager, Accounts Payable
Joanne Rahmati	Director Cloud Architect
Jocelyn Lee	Senior Associate, Human Resources
Jodi Stice	Multi-Specialty Portfolio Specialist
Jodie Nazarian	Territory Sales Manager - Specialty
Joe Kadlac	Senior Manager, Financial Planning and Analysis
Joe Speer	Senior Director, Commercial Manufacturing
Joel Cavallo	Director, Field Medical
Joel Turchan	Senior Territory Sales Manager - Specialty
Joellen Pallarino	Sales Account Manager, Oncology
Johanna Rossell	SVP, GM Head of Rare Disease Business
John Barnes	Senior Manager, Regional Sales - Specialty
John Brochu	Director, Clinical Supply Chain
John Define	Senior Manager, Regional Sales - Specialty
John DeLoach	Sales Account Manager, WH
John Flores	Senior Regional Account Manager
John Gray	Sales Account Manager, Oncology
John Grima	Senior Territory Sales Manager - Specialty
John Karalis	Multi-Specialty Portfolio Specialist
John Ladas	Sales Account Manager, Oncology
John Lehenbauer	Senior Sales Account Manager, WH
John Lucas	Senior Territory Sales Manager - Specialty
John Maddox	Sr Corp Account Director LTC & GPO
John Manning	Associate Director, Strategic Planning
John McCartney	Supervisor Building & Maintenance
John McMahon	Director, Regulatory Affairs
John Michael Castillano	Senior Director, Commercial Manufacturing
John Molsbee	Senior Territory Sales Manager - Specialty
John Otts	Territory Sales Manager - Specialty
John Patrick Rodriguez	Senior Director, Accounting

John Robson	Multi-Specialty Portfolio Specialist
John Spivey	Director, Commercial Strategy, Rare Disease
John Vitti	Executive Director, Commercial Operations
John Wallace	Multi-Specialty Portfolio Specialist
Johnna Balon	Manager, Quality Management Systems
Johnson Job	Principal, Enterprise Infrastructure Architect
Jonathan Bartilad	Associate Director, Quality
Jonathan Finch	Sales Account Manager, WH
Jonathan Price	Senior Director, Commercial Analytics
Jonathan Webb	Senior Territory Sales Manager - Specialty
Jon-Stephen Scott	Senior Multi-Specialty Portfolio Specialist
Joop Collins	Manager, Field Advocacy and Enablement
Jordan Simpson	Associate Clinical Project Manager, Oncology
Jose Chavez	Executive Multi-Specialty Portfolio Specialist
Jose Newell	Sales Account Manager, Oncology
Joseph Bridges	Senior Sales Account Manager, Oncology
Joseph Ferlanti	Sales Account Manager, WH
Joseph Henry	Senior Strategic Sourcing Manager
Joseph Kohnle	Senior Territory Sales Manager - Specialty
Joseph Martin Gutierrez	Sales Account Manager, WH
Joseph Wysk	Associate Director, Platform Engineer
Joshua Branch	Manager, Supply Chain Warehouse
Joshua Larkin	Director, Project Management
Joy Stickel	Executive Director, Learning and Organizational Development
Joy Thompson-Ball	Multi-Specialty Regional Business Manager
Juan Pablo Musi	Senior Scientist, RACMO
Juan Perez	Multi-Specialty Portfolio Specialist
Juan Zheng	Senior Counsel, IP
Julia Law	Senior Manager, Benefits
Julia Mathai	Senior Manager, Order to Cash
Julia Wood	Senior Benefit Specialist
Julia Zima	Senior Medical Director, PVRM
Julie Anderson	Document Control Manager
Julie Szczechowski	Multi-Specialty Regional Business Manager
Justin Caserta	Executive Director, Formulations Development
Justin Chow	Director Analytical Operations
Justin Shu	Manufacturing Associate II, cGMP Manufacturing
Kai Ong	Associate Manager, Project Management
Kaitlin Hansen	Multi-Specialty Portfolio Specialist
Kara Czelusniak	Senior Director Regional Accounts

Kara Taylor	Senior Territory Sales Manager - Specialty
Kareem Shafi	Regional Sales Director
Karen Ansaldo	Sr Clinical Research Scientist
Karen Chase	Executive Territory Sales Manager - Specialty
Karen Maudlin	Territory Sales Manager - Specialty
Kari Lively	Sales Account Manager, WH
Karin Pihel	Senior Director, Regulatory Affairs
Karl Kennedy	Multi-Specialty Portfolio Specialist
Karolyn Johnston	Senior Manager, Complaints
Kate Cleal	Sales Account Manager, Women's Health
Kate Mirabella	Executive Assistant
Katelyn Whicher	Executive Director, Program Strategy
Katherine Feenstra	Senior Territory Sales Manager - Specialty
Katherine Sarenas	Executive Director Legal / Compliance
Kathleen Duffy	Director, Strategic Account Management
Kathleen Simonian	Territory Sales Manager - Specialty
Kathleen Thornton	Senior Multi-Specialty Portfolio Specialist
Kathryn Hoppe	Senior Sales Account Manager, Oncology
Kathryn Smith	Senior Multi-Specialty Portfolio Specialist
Kathryn Vezina	Associate Director, Medical Writing
Katie Hayes	Senior Manager, Learning and Development
Katie Houston	Sales Account Manager, Women's Health
Katie Lewandroski	VP, Marketing – Oncology
Katie Sousa	Senior Manager, Compensation
Katrina Ipapo	Senior Manager, Quality Assurance
Katsuki Hieda	Senior Director, Clinical Trials Management
Katwin Fort	Senior Sales Account Manager, WH
Katy Maksymiu	Senior Director, Strategic Sourcing, Commercial/G&A
Kaycee Wagner	Senior Territory Sales Manager - Specialty
Kayla Glasgow	Senior Medical Science Liaison
Keisuke Asada	Associate Director, Project Management
Keith Eckhardt	Senior Territory Sales Manager - Specialty
Keith Syverson	Senior Counsel, IP
Kelcey O'Neil	Associate Director, Business Operations
Kelly Bambrough	Sales Account Manager, Women's Health
Kelly Blose	Sales Account Manager, Women's Health
Kelly Bock	Senior Director, Marketing
Kelly Kroutter	Executive Regional Business Manager - Multi-Specialty
Kelly White	Multi-Specialty Regional Business Manager
Ken Barnett	Multi-Specialty Portfolio Specialist

Ken Ngo	Associate Director, Financial Planning and Analysis
Kenichi Otani	VP, Head of Regulatory Affairs
Kenton Stewart	Chief Commercial Officer
Keri Anderson	Senior Territory Sales Manager - Specialty
Kevin Anson	Multi-Specialty Portfolio Specialist
Kevin Brown	Territory Sales Manager - Specialty
Kevin Hart	Associate Director, Strategic Sourcing
Kevin Li	Executive Director, Biostatistics and Programming
Kevin Nazarian	Associate Director, Data Operations, Oncology
Kim Estes	Sales Account Manager, WH
Kim Piecewicz	Senior Coordinator, Accounts Payable
Kimberly Beaulier	Principal, Order Management
Kimberly Pruett	Sales Account Manager, Oncology
Kimberly Ramsey	Associate Director, Marketing Operations
Kinley Newman	Territory Sales Manager - Specialty
Kirk Nieberlein	Multi-Specialty Portfolio Specialist
Kirk Sagers	Multi-Specialty Portfolio Specialist
Kirstin Liu	Territory Sales Manager - Specialty
Kisha Hermosillo	Multi-Specialty Portfolio Specialist
Kristan Gallitano	VP, Development Operations
Kristen Carris	Senior Director, Benefits
Kristen Gillespie	Senior Multi-Specialty Portfolio Specialist
Kristen Sichler	Regional Sales Director
Kristi Ratte	Multi-Specialty Portfolio Specialist
Kristian Walbum	Quality Assurance Validation Manager
Krystina Neuman	Associate Director, Medical and Scientific Communications
Kyle Starr	Sales Account Manager, Women's Health
Kyra Walters	Senior Manager, Commercial Learning and Development
Lakshmi Venkatakrishnaiah	Director, Regulatory Affairs
Lakshminarasimhan Pranatharthiharan	Executive Director, Analytical Sciences
Laleh Abedin	Senior Director, Medical Affairs Strategy
Larry Tran	Senior Manager, Technical Accounting
Laura Alaura	Executive Assistant
Laura Allaire	Lead Manufacturing Associate, cGMP Manufacturing
Laura Kaushansky	Senior Manager, Analytical Operations
Laura Rego	Senior Coordinator, Accounts Payable
Laurel Sloan	Associate Director, Strategic Sourcing
Lauren Bookoff	Executive Director, Medical and Scientific Communications
Lauren Klitofsky	Manager, Regional Sales - Specialty
Lauren Lankford	Manager, Medical Affairs Strategic Planning and Operations

Laurie Thivierge	Multi-Specialty Regional Business Manager
Lawrence Weiner	Head of Cell Processing
Lee Adams	Area Sales Director
Lee Guss	Executive Director, Gemtesa Marketing
Lei Shi	Associate Director, Bioanalytical Sciences
Lenny Quartararo	Associate Director, Strategic Sourcing
Leslie Bateman	Director, Human Resources Operations
Leslie Lilly	Senior Director, PM for DSP-5336
Librania Santos Demasters	Manager, IT G&A
Lidia Guallar	Executive Territory Sales Manager - Specialty
Lilia Fenelon	Executive Director, Data Management, Oncology
Liliana Carrara	Quality control Specialist III
Lin Ma	Principal Statistical Programmer, Oncology
Lina Garcia	Associate Director, Regulatory Operations
Lina Jacob	Executive Assistant
Linda Arnett	Director, Clinical Operations, Oncology
Linda Kohn	Sales Account Manager, Oncology
Linda Kyle	Senior Territory Sales Manager - Specialty
Linda Tran	Senior Clinical Trial Associate
Lindsay Baskin	Multi-Specialty Portfolio Specialist
Lindsay Jankowski	Senior Territory Sales Manager - Specialty
Lindsay Rausch	Associate Director, Meetings and Events
Lindsay Underwood	Senior Territory Sales Manager - Specialty
Linfeng Xu	Associate Director, Statistical Programming
Lingling Rogers	Executive Director, Regulatory Affairs
Lisa Barrett	Analyst, Contract Administration
Lisa Bernardino	Sales Account Manager, WH
Lisa Capurso	Associate Director, Medical Affairs Project Operations
Lisa Dridi	Sales Account Manager, WH
Lisa Feist	Multi-Specialty Portfolio Specialist
Lisa Lennek	Senior Director, Clinical Trials Management
Lisa Serfass	Associate Director, Project Management
Livia Warden	Area Sales Director
Llewellyn Shanjengange	Senior Internal Auditor
Logan Grant	Multi-Specialty Portfolio Specialist
Loretta Vecciarelli	Senior Territory Sales Manager - Specialty
Lori Hume	Associate Director, Commercial Learning and Development
Lori Leonard	Director, Strategic Account Management
Lori Vallejo	Sales Account Manager, Women's Health
Lorna Cockrell	Senior Sales Account Manager, Oncology

Lorri Koperski	Territory Sales Manager - Specialty
Louis Bonanni Jr	Sales Account Manager, Oncology
Louis Lau	Service Delivery Engineer
Lucia Menchaca	Associate, Talent Acquisition
Lucy Potts	Associate Director, Analytics & Sales Reporting
Luis Torres	Sr. Engineer, Instrumentation & Controls
Lyndsi White	Senior Regional Account Manager - LTC
Lynne Rourke	Associate Director, Business Operations
Maksim Vinagradau	Director, Technical Program Management
Malene Demaree	Sales Account Manager, Oncology
Maliha Pervaiz	Senior Manager, Pricing and Contracting
Malik Jones	Sales Account Manager, WH
Mani Sagar	Manager, IT Commercial
Marc McCrillis	VP, Financial Operations and Facilities
Marc Oseroff	Senior Territory Sales Manager - Specialty
Marcus Enard	Regional Sales Director
Marcus Kirby	Senior Area Sales Director
Margaret Takasu-Cronan	Regional Business Manager
Margarita Kuznetsov	Director, Lead Data Engineer
Margherita Nastasi	Executive Assistant
Mari Miyajima	Associate Director, Clinical Research
Maria OLeary	Senior Manager, Financial Planning and Analysis
Mariah Robles	Project Manager
Marie-Claire Wagle	Associate Director, Companion Diagnostics and Precision Medicine
Mario Cortina	Senior Multi-Specialty Portfolio Specialist
Mario Freeman	Regional Account Manager
Mark Good	Manager, Regional Sales - Specialty
Mark Jacobs	Senior Regional Account Manager
Mark Langlois	Territory Sales Manager - Specialty
Mark Niemaszek	SVP, Head of Commercial Excellence
Mark Pippert	Director, Contract Manufacturing
Mark Tschopp	Sr. Manager, IT R&D
Marnel Ahern	Multi-Specialty Portfolio Specialist
Marrea Thomas	Manager, CTSA
Maruthi Ravinuthala	Director, GXP Training and Documentation
Marvin Graves	Executive Multi-Specialty Portfolio Specialist
Mary Ann Hidalgo	Manufacturing Associate II, cGMP Manufacturing
Mary Cockroft	Director, Strategic Sourcing, Technology
Mary Dworzycki	Senior Accountant
Mary Hasse	Sales Account Manager, WH

Mary Hernandez Hernandez	Associate Director, Quality Engineer
Marylynne Colacchio	Executive Assistant
Masafumi Yano	Vice President, Corporate Planning
Masashi Murata	Lead SVP, Head of Program Management
Masataka Seki	Senior Clinical Research Scientist
Matt Conroy	Sales Account Manager, Oncology
Matt Jalalpour	Associate Director, Brand Analytics
Matteo Brenna	Executive Director, Corporate & Strategic Finance
Matthew Fogle	Senior Regional Sales Director
Matthew Furry	Senior Territory Sales Manager - Specialty
Matthew Hinajon	Senior Service Delivery Engineer
Matthew Hitron	Executive Medical Director, Clinical Research
Matthew Huners	Sales Account Manager, WH
Matthew O'Connell	Territory Sales Manager - Specialty
Matthew O'Gorman	Executive Director, Head of Data Platforms
Matthew Spencer	Executive Director, Financial Planning and Analysis
Maureen Gullo	Senior Director, Human Resources Business Partner
Maureen Popp	Senior Regional Sales Director
Maureen Radighieri	Multi-Specialty Portfolio Specialist
Maury Winkler	Associate Director, Commercial Manufacturing
Max Augusterfer	National Corporate Account Director
Meagan Caldwell	Senior Director, Technical Accounting
Mechelle Navarro	Senior Sales Account Manager, Oncology
Megan Kovall	Senior Territory Sales Manager - Specialty
Megan Reichel	Senior Manager, Clinical Trials
Megha Budhiraja	Senior Manager, Pharmacovigilance Scientist, PVRM
Meher Talib	VP, Head of Legal, Technology, Employment, Litigation and Contracts
Melanie Jackson	Sales Account Manager, Oncology
Melanie Perniciaro	Multi-Specialty Portfolio Specialist
Melanie Vanderpool	Director, Strategic Account Management
Melissa Burke	Sales Account Manager, Oncology
Melissa El Menaouar	Senior Counsel, IP
Melissa Giha	Multi-Specialty Portfolio Specialist
Melissa Heideman	Territory Sales Manager - Specialty
Melissa Lev	Sales Account Manager, Oncology
Melissa Morandi	VP, Head of Quality
Melissa Oberg	Executive Director, Financial Planning and Analysis
Melissa Russo	Director, Marketing Operations
Melissa Stilian	Senior Manager, Clinical Project Management
Meridith Lett	Manager, Regional Sales - Specialty

Meymey Lov	Senior Internal Auditor
Mia May	Senior Sales Account Manager, Oncology
Michael Bergstrom	Principal, Enterprise Infrastructure Architect
Michael Bokor	Director, Thought Leader Liaison
Michael Brandl	Distinguished Fellow
Michael Brown	Territory Sales Manager - Specialty
Michael Cristello	Director, Marketing, Rare Disease
Michael Kartchner	Sales Account Manager, Oncology
Michael Lawn	Senior Territory Sales Manager - Specialty
Michael Porter	Area VP, Market Access Regional and Long Term Care Accounts
Michael Quaranta	Sales Account Manager, Oncology
Michael Robertson	Multi-Specialty Portfolio Specialist
Michael Segal	Executive Director, Business Development
Michael Stockdale	Multi-Specialty Portfolio Specialist
Michael Vallejo	Multi-Specialty Regional Business Manager
Michael Vedral	Sales Account Manager, Oncology
Michael Word	Senior Multi-Specialty Portfolio Specialist
Michael Zennario	Senior Director, Pricing and Contracting Strategy
Michele Brace	Territory Sales Manager - Specialty
Michele Cole	Director, Med Managed Markets and Real-World Evidence
Michele MacDonald	Executive Multi-Specialty Portfolio Specialist
Michele Slaman	Senior Territory Sales Manager - Specialty
Michelle German	Senior Territory Sales Manager - Specialty
Michelle Musante	Quality Control Specialist II
Michelle Nguyen	Senior Engineer I, CMC Engineering
Michelle Scott	Territory Sales Manager - Specialty
Michelle Sims	Multi-Specialty Portfolio Specialist
Michelle Thorpe	Sales Account Manager, Oncology
Michelle Vickroy	Area Sales Director
Mick Mulligan	Sales Account Manager, Women's Health
Mike Carlo	Multi-Specialty Portfolio Specialist
Mike Kramer	Executive Director, Total Rewards
Mike Reese	National Corporate Account Director
Mikki Roach	Executive Territory Sales Manager - Specialty
Milijana Drobnjak	Senior Director, Market Access Strategy & Execution
Milton Perez	Manager, Product Labeling
Mimi Chen	Director, HRIS
Mindy Dederick	Senior Director, Long Term Care Account Management
Missy Dabi	Medical Science Liaison
Mit Atul Lakhani	Manager, Data Engineer

Mitchell Calayo	Sales Account Manager, Oncology
Monica English	Director, Clinical Supply Chain
Monica Martinez	Multi-Specialty Portfolio Specialist
Monica Wang	Director, Real World Evidence
Monika Richter	VP, Regulatory Affairs Oncology
Motoo Sakurai	Director, Accounting
Mujtaba Ashfaq	Manager, Financial Planning and Analysis
Munaed Ahmed	Senior Manager, Service Delivery Engineer
Murielle Nguessan	Clinical Trial Associate, Oncology
Murray Cornelius	Senior Territory Sales Manager - Specialty
Myla-Ana Monday	Senior Territory Sales Manager - Specialty
Nancy Chiue	Senior Sales Account Manager, Oncology
Nancy Thompson	Sales Account Manager, Oncology
Naoko Urushino	Inpatriate-Director
Naoko Yamaguchi	Associate Director, Benefits and International Assignment Admin
Nasim Keihani	Executive Assistant
Nat Dean	Regional Sales Director
Natalie Griffiths	Multi-Specialty Portfolio Specialist
Nathan Fox	Platform Engineer
Nathan Josephsohn	Executive Director, Business Development
Neel Chemburkar	Executive Director, Counsel
Neeta Thakur	Senior Counsel, IP
Nicholas Comenale	Manager, Financial Planning and Analysis
Nicole Bianchi	Manager, Regional Sales - Specialty
Nicole Cabrera	Director, Compliance
Nicole Cottam	Clinical Data Manager, Oncology
Nicole D'Alessandro	Associate Director, Clinical Trials Management
Nicole Delengos	Manager, Medical Affairs Strategic Planning and Operations
Nicole Hermanson	Multi-Specialty Portfolio Specialist
Nikki Gierman	Senior Manager, Financial Planning and Analysis
Nikolas Duvall	Lead Manufacturing Associate, cGMP Manufacturing
Nishith Mehta	Associate Director, Grants and Sponsorships
Nita Newsom	Director, Thought Leader Liaison
Noel Colyer	Territory Sales Manager - Specialty
Noriyuki Ohashi	Associate Director, Program Management
Nova Rimassa	Senior Territory Sales Manager - Specialty
Odilon Ntoto	Manufacturing Associate II, cGMP Manufacturing
Oliver Gauthier	Senior Territory Sales Manager - Specialty
Oliver Nassry	Executive Multi-Specialty Portfolio Specialist
Omar Chavez	Executive Director, Head of Enterprise Service Delivery

Pam Highfill	Multi-Specialty Portfolio Specialist
Pamela Ayoub	Multi-Specialty Portfolio Specialist
Pamela Escobar	Executive Assistant
Paolina Josephson	Senior Director, Omnichannel Insights and Execution
Pasquale Gallo	Sales Account Manager, Oncology
Patricia Hanrahan	Associate Director, Commercial Learning and Development
Patrick Walsh	Director, Project Management
Paul Bobbitt	Multi-Specialty Portfolio Specialist
Paul Celia	Multi-Specialty Portfolio Specialist
Paul DeGiacomo	Multi-Specialty Portfolio Specialist
Paul Hissong	Medical Science Liaison
Paul Ideal	Associate Director, Financial Planning and Analysis
Paul King	VP, Market Access Marketing & Strategy
Paul Knowlton	Manager Computer Systems Quality
Paul Sullivan	Senior National Corporate Account Director
Paula Wun	Executive Director, Medical Writing, Oncology
Paulette Barrett	Regional Sales Director
Paulo Tobar	Senior Manager, Government Pricing and Compliance
Payal Goel	Senior Manager, Quality Control
Pegah Rabby	VP, Financial Planning and Analysis
Peter Flora	Executive Multi-Specialty Portfolio Specialist
Philip Duret	Senior Multi-Specialty Portfolio Specialist
Phillip DeBiase	Senior Counsel
Phillip Thomas	Medical Science Liaison
Phyllis Fichera	Senior Manager, Marketing Operations
Prasanth Potluri	Financial Systems Manager
Prasanthi Pellakuru	Associate Medical Director, PVRM
Prathiksha Jayapratap	Executive Director, Quality Management System
Pratik Ahuja	VP, Supply Chain
Preethi Ganesan	Director, Financial Planning and Analysis
Prethib Arumugam	Associate Director, Quality Control
Priya Robson	Associate Director, PVRM
Priyam Datta	Manager, PVRM
Qian Zhang	VP, Head of IP
Quinn Houlahan	Clinical Trial Associate, Oncology
Quint Hasenbein	National Corporate Account Director, Oncology
Rachel MacKinley	Sales Account Manager, Oncology
Rachel Mathew	Executive Director, Regulatory Affairs
Rachel Parkhurst	Multi-Specialty Portfolio Specialist
Rachelle Torres	Multi-Specialty Portfolio Specialist

Rahul Pandit	Exec Director, IT Tech Ops, G&A
Rajeev Karanam	Senior Director, Statistical Programming, Oncology
Randy Beebe	Manager, Quality Control Microbiology
Randy Lewis	Multi-Specialty Portfolio Specialist
Ranjith Ranga	Associate Director, Senior Data Engineer
Rashanda Clanton	Senior Manager, Patient Support Services
Raul Gutierrez	VP, Accounting
Ravi Grewal	Director, Clinical Trial Management
Raymond Hall	Senior Territory Sales Manager - Specialty
Rebecca Johnson	Senior Sales Account Manager, Oncology
Rebecca Orellana	Senior Talent Acquisition Partner
Rebecca Perez	Associate Director, IT Operations
Rebecca Schenk	Senior Territory Sales Manager - Specialty
Rebecca Sober	Associate Director, HR Business Partner
Rebecca Zaccardi	Senior Director, Commercial Excellence Strategy and Operations
Reggie Washington	Area VP, Sales - Specialty
Regina Gayatinea	Director, Medical and Scientific Communications
Regis Schnur	Sales Account Manager, Oncology
Renee Adams	Senior Sales Account Manager, Oncology
Renee Leeb	Sales Account Manager, Oncology
Renee Shaw	Senior Manager, Quality Control
Renee Smigliani	Senior Manager, Benefits
Reshma Katoch	Associate Director, Strategic Sourcing
Reyna Bishop	Associate Director, Clinical Operations, Oncology
Riaz Riazuddin	Manager, IT G&A
Ricardo Day	Senior Tax Accountant, US Tax
Rich Brooks	Manager, Quality Systems
Richa Jain	Director, Financial Planning and Analysis
Richard Joesting	Multi-Specialty Regional Business Manager
Richard Navarro	Multi-Specialty Portfolio Specialist
Richard Ruth	Executive Director, Human Resources Business Partner
Rick Beers	Executive Director, Commercial Learning and Development
Ricky Lopes	Sales Account Manager, Oncology
Rizza Reyes	Senior Manager, Supply Chain
Rob Robertson	Senior Sales Account Manager, Oncology
Rob Ruttenberg	Multi-Specialty Portfolio Specialist
Robert Bennett	Senior Territory Sales Manager - Specialty
Robert Corley	Executive Multi-Specialty Portfolio Specialist
Robert Dueck	Senior Territory Sales Manager - Specialty
Robert DuPuy	Executive Director, Head of Information Security and Governance

Robert McNaught	Sales Account Manager, WH
Robert Thompson	Associate Director, Commercial Insights and Analytics
Rodney Francisco	Senior Regional Account Manager
Ron Gimbel	Chief Financial Officer US
Ronald Brown	Senior Territory Sales Manager - Specialty
Ronald Smith	Senior Director, Strategic Account Management
Rosangela Rodriguez	Manager, Project Analytics
Rosemarie Banks	Sales Account Manager, Oncology
Roya Kelly	Executive Territory Sales Manager - Specialty
Royanne Moore	Director, Field Medical
Russ White	Senior Territory Sales Manager - Specialty
Russell Kleisner	Sales Account Manager, Oncology
Ryan Frerichs	Director, Pharmacovigilance Informatics
Ryan Owens	Sales Account Manager, Oncology
Ryan Replogle	Senior Territory Sales Manager - Specialty
Ryan Worthington	Multi-Specialty Portfolio Specialist
Sabdanand Rapaka	Senior Manager, Pharmacovigilance Informatics
Sabrina Marshall	Sales Account Manager, WH
Sae-Jin Stigman	Multi-Specialty Regional Business Manager
Sam Tomioka	Executive Director, Head of Computational Research & Analytics
Samantha Tighe	Director, Quality Control
Samuel Nam	Associate Director, Quality Assurance
Sandeep Dulay	Sales Account Manager, WH
Sandra Ferrara	Senior Administrative Assistant
Sandy Moore	Multi-Specialty Portfolio Specialist
Sang Lee	Director, Business Operations
Santo Morici	Sales Account Manager, WH
Sara Baum	Executive Director, Commercial Analytics and Field Strategy
Sarah Bednarski	Senior Director, Clinical Monitoring Operations
Sarah Callahan	Senior Manager, Quality Management Systems
Sarah Rajendra	Senior Manager, Marketing Operations
Sarah VanMiddlesworth	Senior Manager, Quality Control
Sathwik Vangari	Senior Manager, Marketing Data Sciences
Saurabh Mahajan	Sr Manager, Clinical Quality
Scott Ackerman	Regional Business Manager
Scott Clark	Senior Sales Account Manager, WH
Scott Fenneken	Multi-Specialty Portfolio Specialist
Scott Hadden	Associate Director, Enterprise Infrastructure Architect
Seamus Lovelace	Executive Director, Strategic Sourcing
Sean Petersen	Director, Pricing, Contracting Strategy and Analytics

Sean Stringer	Director, Project Management
Sejal Emerson	Executive Director, Regulatory Affairs
Selena Wong	Senior Accountant
Seng Tang	Executive Multi-Specialty Portfolio Specialist
Sergey Kovalev	Sr. Manager, IT SAP
Shannon Partenza	Area VP, Market Access - Corporate Accounts
Shannon Stocks	Quality Systems Specialist
Shaquana Moody	Quality Assurance Specialist II
Sharin Norris	Multi-Specialty Portfolio Specialist
Sharon Ballin	Senior Sales Account Manager, WH
Sharon Encabo	Senior Specialist, Promotional Materials and Compliance Management
Sharon James	Multi-Specialty Portfolio Specialist
Sharon Mallen	Director, Medical Affairs Strategy
Shawn Schaffer	VP, Quality Assurance
Shawna Howard Russell	Senior Territory Sales Manager - Specialty
Shawntee Patterson	Senior Payroll Specialist
Shea Dotson	Sales Account Manager, Oncology
Sheena Kay	Associate Director, Clinical Monitoring Operations
Shelley Brathwaite	Director, Consumer Marketing
Shelly Matsoukas	Director, Project Management
Sheri Elwell	Associate Director, Accounting
Sheri Geer	Senior Sales Account Manager, WH
Shirley Mangione	Executive Multi-Specialty Portfolio Specialist
Shiva Katepalli	Director, Clinical Analytics
Shoko Ochiai	Associate Director, Bioanalytical Sciences
Shon Bush	Territory Sales Manager - Specialty
Shree Bhutani	Director, Commercial Operations
Shuichi Iino	Associate Director, Clinical Research Scientist
Shuke Li	Associate Director, Brand Advanced Analytics
Si Nguyen	Associate Director, Enterprise Infrastructure Architect
Siriporn Toongsuwan	Senior Director, CMC Cell Therapy
Sonja Loadholt	Sales Account Manager, Oncology
Sooji Lee	Director, Program Management Office
Sorba Brima	Director, IT Strategy & Delivery Excellence
Sri Sravani Alluri	Clinical Operations Regulatory Specialist, Oncology
Sriram Viswanadha Venkat	Associate Director, Lead Data Architect
Stacey Etters	Multi-Specialty Portfolio Specialist
Stacy Stomp	Sales Account Manager, Oncology
Stacy Westmoreland	Sales Account Manager, Oncology
Stacy Wu	VP, Head of Clinical Research, Biopharma

Stephani Hahaj	Sales Account Manager, Oncology
Stephanie Gupton	Strategic Account Manager
Stephanie Mauler	Senior Manager, Clinical Project Management
Stephanie Schofield	Territory Sales Manager - Specialty
Stephen Roman	Senior Manager, Regional Sales - Specialty
Stephen Upshaw	Multi-Specialty Portfolio Specialist
Steve Warner	SVP, Head of Translational Research and Medicine, Oncology
Steven Coccodrilli	Senior Territory Sales Manager - Specialty
Steven Janson	Quality Assurance Specialist III
Steven McAlpine	Senior National Account Director
Steven Wood	Sales Account Manager, Oncology
Sudha Bhavanam	Sr. Manager, IT Quality Systems
Suguru Yamasaki	Principal Scientist, Regenerative & Cellular Med
Sujan Kabir	Executive Medical Director, Clinical Development
Sung Yun Yu	Director, Clinical Research
Susan Colavito	Sales Account Manager, Women's Health
Susan Dean	Multi-Specialty Portfolio Specialist
Susan Neel	Senior Territory Sales Manager - Specialty
Susan Shondel	Senior Medical Science Liaison
Susie Lee	Director, Pricing and Contracting
Suvatsala Rakle	Associate Director, Financial Planning and Analysis
Swetha Chunchu	Clinical Data Manager, Oncology
Syed Hussaini	Assoc. Director, IT SAP
Syed Rahim	Associate Director, QA Computerized Systems
Taiji Ono	VP, Head of Clinical Operations
Takashi Sasaki	Director, Strategic Planning
Tamara Sanford	Sales Account Manager, Oncology
Tamara Sumner	Multi-Specialty Portfolio Specialist
Tami Baird	Senior Area Sales Director, PC West
Tammie Campos	Facilities Workplace Coordinator
Tanveer Asghar	Director, Quality GMP
Tanya Blake	Senior Administrative Assistant
Tapajyoti Gupta	Sr. Director, IT R&D
Tara Kulick	Sales Account Manager, Oncology
Tara Soni	Chief Legal Officer
Taryn Hayes	Executive Territory Sales Manager - Specialty
Taryn LaPointe	Associate Director, Omnichannel Insights & Execution
Tatsuto Hamatani	Director, Clinical Research
Ted McCarthy	Director, Quality Assurance
Ted Tengel	Senior Multi-Specialty Portfolio Specialist

Tegan Nguyen	Associate Director, Clinical Business Operations, Oncology
Tera Campos	Senior Sales Account Manager, WH
Teresa Ciborowski	VP, Human Resources
Teri Sonjara	Director, Accounting
Terry Hudson	Director, Commercial Analytics – WH/OAB
Thao Nguyen	Senior Regional Account Manager - LTC
Theo Hill	Senior Director, Head of Medical Strategy
Thomas Cunningham	Director, Commercial Manufacturing
Thomas Elmore	Senior Territory Sales Manager - Specialty
Thomas Fahey	Multi-Specialty Portfolio Specialist
Thomas Goodin	Executive Director, Clinical Research
Thomas Hill	VP, Head of Corporate Communications and Employee Engagement
Thomas Holloway	Senior Territory Sales Manager - Specialty
Thomas Hospodar	SVP, Research and Development Strategy
Tiffany Athey	Medical Science Liaison
Tiffany Campbell	Director, PVRM
Tiffany Cordon	Manager, Human Resources
Tigist Tesema	Sr. Manufacturing Associate, cGMP Manufacturing
Timothy Belanger	Executive Director, Corporate Controller, Accounting
Timothy Bleigh	VP, HR Technology and Business Excellence
Timothy Hicks	Senior Multi-Specialty Portfolio Specialist
Timothy Sullivan	Sales Account Manager, Oncology
Tina Miller	Territory Sales Manager - Specialty
Tina O'Brien	Director, Audit and Supplier Management
Tish Berrey	Territory Sales Manager - Specialty
Titus Mathew	Manager, Medical and Scientific Communications
Tobias Beals	Multi-Specialty Portfolio Specialist
Todd Bradley	Senior Territory Sales Manager - Specialty
Todd Ente	Sales Account Manager, Oncology
Todd Thornal	Multi-Specialty Portfolio Specialist
Toi Reid	Senior Multi-Specialty Portfolio Specialist
ToJanno Tapp	Senior Clinical Data Associate, Oncology
Tom Carter	Multi-Specialty Portfolio Specialist
Tom Horstmann	Senior Director, Business Development
Tom Nakagawa	President and CEO
Tomohiro Fujimori	Executive Director, Program Management
Tomohiro Saito	Director, Human Resources
Tomoko Kuwabara	Senior Clinical Project Manager, Oncology
Toni Deaderick	Multi-Specialty Portfolio Specialist
Toni Stone	Associate Director, Marketing Operations

Tony Mannino	Senior Director, Commercial Manufacturing
Toru Sumizawa	Director, Strategic Planning
Tracey Duncan	Sr Director, Strategy and Operations, Oncology
Tracie Reed	Associate Director, Regulatory Operations
Tracy Cohen	Director, Information Security Engineer
Trent Lewis	Multi-Specialty Portfolio Specialist
Trevor Cardwell	Senior Director, Head of Network and Cloud Architecture
Trevor Volz	Senior Director, Commercial Operations
Trey Goettling	Multi-Specialty Portfolio Specialist
Troy Allen	Executive Multi-Specialty Portfolio Specialist
Troy Leavery	Director, Strategic Account Management
Tuyen Lam	Associate, Service Delivery Engineer
Tyler Crane	Senior Service Delivery Engineer
Tyler Le	Manager, Financial Planning and Analysis
Umesh Dhupar	Sr, Director, IT G&A
Valerie Hadley	Sales Account Manager, Oncology
Vandana Sivakumaran	Senior Manager, Financial Planning and Analysis
Vanessa Wise	Territory Sales Manager - Specialty
Velvet Bain	Associate Director, Clinical and Research Quality
Vicki Johnson	Sales Account Manager, WH
Victor Luna	Senior Multi-Specialty Portfolio Specialist
Victoria Taylor	Associate Scientist 1 (job level)
Vincent Bryant	Sr. Manufacturing Associate, cGMP Manufacturing
Vincent Loksa	Associate Director, Pharmacovigilance
Vincent Reyes	Sales Account Manager, Women's Health
Vinesh Pothnnagari	Senior Manager, Quality Management Systems
Viola Kam	Senior Director, Project Management
Violet Alexopoulos	Multi-Specialty Portfolio Specialist
Vishnu Peddagali	VP, Pharmacovigilance & Risk Management
Vivian Ring	Associate Director, Process and Analytical Development
Wade Lendin	Sales Account Manager, Oncology
Wayne Girouard	Multi-Specialty Portfolio Specialist
Wen Grimes	Multi-Specialty Portfolio Specialist
Wendy Castellino	Sr. Director, IT Commercial, Med Affairs, and Web Services
Wendy Cooper	Senior Territory Sales Manager - Specialty
Wendy Kelly	Associate Director, Clinical Records Management
Wenye Yang	Medical Science Liaison
William Bunn	Sales Account Manager, Oncology
William Serad	VP, Brand Analytics & Marketing Sciences
William Wilde	Senior Director, CMC Project Management

Xixi Zhou	Associate Director, Clinical Analytics
Yagnesh Yagnik	Senior Manager, Quality Assurance
Yasir Rashid	Associate Director, cGMP Manufacturing Information System
Yenfher Cedillos	Multi-Specialty Portfolio Specialist
Yi Zhong	Associate Director, Biostatistics
Yifei Wang	Manager, Real World Data Science
Yilong Jia	Senior Manager, Pharmacovigilance Informatics
Ynhu Juliano	Executive Director, Regulatory Affairs
Yogesh Deochakke	Assoc. Director, IT R&D
Yoko Nakai-Kuroda	Senior Manager, Integrity Group Corporate Governance
Yong Wu	Associate Director, Regulatory Affairs
Yoshio Nakai	Associate Director, Project Management - RACMO
Yosuke Tamada	VP, Tax Strategy and Compliance
Young Chung	Sales Account Manager, Oncology
Yu Ling Sharpe	Senior Manager, Accounting
Yuka Kumagai	Associate Director, Translational Research and Clinical Biomarkers
Yuki Matsumoto	Associate Director, Clinical Trials Management
Yukiko Mikami	Senior Scientist, RACMO
Yu-Luan Chen	Executive Director, Global Bioanalytical Sciences
Yumi Sato	Chief Development Officer
Zachary Benton-Harris	Multi-Specialty Portfolio Specialist
Zhizhou Ye	Manager, Translational Research and Preclinical Development

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: DePuy Synthes Sales, Inc.

Physical Address: 325 Paramount Drive

City: Raynham State: MA Zip: 02767

Mailing Address (if different from physical address): Same as physical address.

City: State: Zip:

Telephone: (508) 880-8100 Website: https://www.jnjmedtech.com/en-US/companies/depuy-synthes

Name of Designated Representative (DR): Adam LaWare

Licensing Company Email: alaware@its.jnj.com DR Email: alaware@its.jnj.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☑ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Distributors		☑ Others: Virtual

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____ **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A
Original Signature (electronic, copies or stamps not accepted)

N/A
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

N/A

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Massachusetts

Parent Company (if any): DePuy Spine, LLC

Corporation/Organization Name: DePuy Synthes Sales, Inc.

Mailing Address: 325 Paramount Drive

City: Raynham State: MA Zip: 02767

Telephone: (508) 880-8100 Email: alaware@its.jnj.com

Contact Person Name: Adam LaWare

N/A

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
N/A 1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
N/A 1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment B	✓	✓		
N/A • **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment B		✓		
N/A • **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment C	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment D		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - See Attachment B		✓	✓	✓
N/A • **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
N/A • **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment E	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment F	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ See Attachment G	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). See Attachment H	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. See Attachment I		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. See Attachment J		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

DePuy Synthes Sales, Inc.

Facility Name

Adam LaWare

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

6/23/25

Date

Board Use Only	Date Received: 8/26/25	Amount: 1000-CK-2593

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
DePuy Synthes Products, Inc.
325 Paramount Drive
Raynham, MA 02767
Registration Number: 3009996808
FEI Number*: 3009996808
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2025

Owner/Operator:
DePuy Synthes, Inc.[6]
700 Orthopaedic Drive
Warsaw, IN US 46582
Owner/Operator Number: 1818910[7]

Official Correspondent:
Erin Combs
700 Orthopaedic Drive
Warsaw, IN 46582
Phone: 574-4048348

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1818910&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryNa
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1818910&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryNa

Page Last Updated: 09/01/2025

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?
   start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1818910&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryNa
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?
   start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1818910&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryNa

Attachment A

Nature of Business

DePuy Synthes Sales, Inc.'s (DSSI) Raynham, MA facility is a virtual wholesaler of affiliated entities' prescription device products. Product will be distributed to distributors, physicians, and hospitals. Please note that product is not handled, stored, or distributed at the Raynham, MA facility. Provided is the information for the physical manufacturers of the product.

Physical Manufacturers:

DePuy Synthes Products, Inc.
325 Paramount Drive, Raynham, MA 02767

DePuy Synthes Products, Inc.
700 Orthopaedic Drive, Warsaw, IN 46582

Depuy Synthes Products, Inc.
4500 Riverside Drive, Palm Beach Gardens, FL 33410

Attachment B

Corporation Information

DePuy Synthes Sales, Inc.
325 Paramount Drive
Raynham, MA 02767

Parent Company:

DePuy Spine, LLC
% Ownership: 100

Corporate Officers:

Kurt Underkoffler
Vice President

Michael Walker
Treasurer

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: June 26, 2025

To Whom It May Concern :

I hereby certify that according to the records of this office,

DEPUY SYNTHES SALES, INC.

is a domestic corporation organized on **December 18, 2012** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 25060433380

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: tad

Attachment F

Regarding the Resident State License

The Massachusetts Department of Public Health, Board of Registration in Pharmacy does not require resident wholesale distributors that distribute a prescription device only to obtain licensure in their state. Therefore, a copy of the license is unavailable. Please find enclosed correspondence from the Board.

Przyhocki, Heather M. (PLS)

From: Admin, Pharmacy (DPH) <pharmacy.admin@state.ma.us>
Sent: Tuesday, July 23, 2019 1:23 PM
To: Przyhocki, Heather M. (PLS); zzKwan, Lau S (DPH)
Subject: RE: Question Regarding In-State Device Distributors

EXTERNAL MESSAGE

Hello,
The Board of pharmacy does not have a license for the type of business you are describing.

Thank you

From: Przyhocki, Heather M. (PLS) [mailto:przyhocki@porziols.com]
Sent: Tuesday, July 23, 2019 11:17 AM
To: zzKwan, Lau S (DPH); Admin, Pharmacy (DPH)
Subject: RE: Question Regarding In-State Device Distributors
Importance: High

Good Afternoon,

I am kindly following up on my request below. Can you kindly provide a response?

Thank you in advance for your prompt response.

Best Regards,

Heather

From: Przyhocki, Heather M. (PLS)
Sent: Thursday, July 11, 2019 11:23 AM
To: 'lau.s.kwan@state.ma.us'; 'pharmacy.admin@massmail.state.ma.us'
Subject: Question Regarding In-State Device Distributors

Good Morning,

Can you kindle confirm if the Massachusetts Department of Public Health, Board of Registration in Pharmacy requires resident wholesale distributors required to obtain a license in order to distribute a **prescription device** only in the Commonwealth of Massachusetts? **Note that no prescription drugs will be distributed**. If yes, could you please confirm which application must be completed?

Does your office require in-state **manufacturers** of prescription devices to obtain a license as well? If so, which application would be completed for this activity?

Thank you in advance for your time and assistance.

Heather

Heather M. Przyhocki
Associate Manager of Licensing Services
PORZIO LIFE SCIENCES, LLC
A wholly-owned subsidiary of PORZIO, BROMBERG & NEWMAN, P.C.
100 Southgate Parkway, P.O. Box 1997 | Morristown, NJ 07962-1997

P: 973.889.4347 | F: 973.538.5146
przyhocki@porziols.com | **porziolifesciences.com**

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh USA, LLC
1166 Avenue of the Americas
New York, NY 10036
Attn: newyork.certs@marsh.com - fax # 212-948-0500

24195 -J&Jr-GAWP-18-19

INSURED
JOHNSON & JOHNSON ET AL
ONE JOHNSON & JOHNSON PLAZA
ATTN: ERIN SHERIDAN
RISK MANAGEMENT
NEW BRUNSWICK, NJ 08933

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : ACE American Insurance Company	22667
INSURER B : Indemnity Ins Co Of North America	43575
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			HDO G48958369	03/01/2025	03/01/2026	EACH OCCURRENCE	$	5,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	5,000,000
							MED EXP (Any one person)	$	100,000
							PERSONAL & ADV INJURY	$	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	$	10,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	N/A
	OTHER:							$	
A	AUTOMOBILE LIABILITY			ISA H10825192	03/01/2025	03/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$	10,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WLR C72631783 (AOS)	03/01/2025	03/01/2026	X PER STATUTE OTH-ER		
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N N / A			WCU C72631869 (OH)	03/01/2025	03/01/2026	E.L. EACH ACCIDENT	$	5,000,000
A	If yes, describe under DESCRIPTION OF OPERATIONS below			WLR C72631742 (AZ, CA, MA)	03/01/2025	03/01/2026	E.L. DISEASE - EA EMPLOYEE	$	5,000,000
A				RWC C72631821 (WI)	03/01/2025	03/01/2026	E.L. DISEASE - POLICY LIMIT	$	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Schnitzer Properties Management, LLC, Cabrillo Commerce Center, LLC is included as additional insured where required by contract with respects to the operations of Johnson & Johnson. Waiver of subrogation applies where required by written contract and allowed by statute with respects to the operations of Johnson & Johnson. Schnitzer Properties Management, LLC, Cabrillo Commerce Center, LLC is included as additional insured, with coverage primary and non-contributory, where required by contract with respects to the operations of Johnson & Johnson.

CERTIFICATE HOLDER

DePuy Synthes Sales, Inc., a New Jersey corporation
325 Paramount Drive
Raynham, MA 02767

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Michaela Grasshoff

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K4206547A

Application/License No. _____

DePuy Synthes Products Inc. and
DePuy Synthes Sales Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
374 North Haverhill Road, West Palm Beach, FL 33415 and 325 Paramount Drive, Raynham, MA 02767-0350 respectively, as
(Address of Applicant/Principal)
PRINCIPAL, and Federal Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of Indiana
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
202B Halls Mill Road, Whitehouse Station, NJ 08889 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 5th, 2025.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 5th day of June, 2025.

APPLICANT/PRINCIPAL

COMPANY DePuy Synthes Products Inc. and DePuy Synthes Sales Inc.

Authorized Representative
John Denton, Assistant Secretary

SURETY Federal Insurance Company

Surety Company's Representative

Debra A. Deming, Attorney-in-fact
print name
and Non-Resident Agent License No. 611197, NPN: 3641688

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Sandra Diaz

Witness Anne Potter

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Valorie Spates and Beverly Woolford of Garden City, New York; Debra A. Deming, Sandra Diaz, Vilma Gonzalez, Peter Healy, Pablo Garcia Horcajo, Francesca Kazmierczak, Aklima Noorhassan, Anne Potter and Frances Rodriguez of New York, New York ----------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **15th** day of **July, 2024.**

Rupert HD Swindells, Assistant Secretary

Warren Eichhorn, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this 15th day of **July, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22, 2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 5th day of June, 2025

Rupert HD Swindells, Assistant Secretary

~~IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:~~
~~Telephone~~ (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

FEDERAL INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

December 31, 2024

(in thousands)

ASSETS		*LIABILITIES AND SURPLUS TO POLICYHOLDERS*	
Cash, Cash Equivalents, and ST Investments	$ (355,746)	Outstanding Losses and Loss Expenses	$10,612,093
United States Government, State and Municipal Bonds	3,847,216	Reinsurance Payable on Losses and Expenses	1,730,804
Other Bonds	9,063,626	Unearned Premiums	3,117,855
Stocks	361,584	Ceded Reinsurance Premiums Payable	417,703
Other Invested Assets	1,562,503	Other Liabilities	583,379
TOTAL INVESTMENTS	14,479,183	TOTAL LIABILITIES	16,461,834
Investments in Affiliates:		Capital Stock	20,980
Great Northern Ins. Co.	444,946	Paid-In Surplus	2,711,474
Vigilant Ins. Co.	392,348	Unassigned Funds	2,245,956
Chubb National Ins. Co.	204,099		
Chubb Indemnity Ins. Co.	185,760	SURPLUS TO POLICYHOLDERS	4,978,410
Chubb Ins. Co. of New Jersey	41,523		
Chubb Lloyds Ins. Co. of Texas	6,140		
Other Affiliates	71,980		
Premiums Receivable	2,574,791		
Other Assets	3,039,474		
TOTAL ADMITTED ASSETS	$ 21,440,244	TOTAL LIABILITIES AND SURPLUS	$21,440,244

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At December 31, 2024, investments with a carrying value of $569,829,993 were deposited with government authorities as required by law.

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Federal Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 31 st day of December, 2024.

Sworn before me this March 20 2025

Senior Vice President

Notary Public

August 8, 2027
My commission expires

Commonwealth of Pennsylvania - Notary Seal
Diane Wright, Notary Public
Philadelphia County
My commission expires August 8, 2027
Commission number 1235745
Member, Pennsylvania Association of Notaries

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG DePuy Synthes Sales, Inc. MDEG License # (if applicable) N/A

Physical Address 325 Paramount Drive

City Raynham State MA Zip 02767

Mailing Address (if different from physical address) Same as physical address.

City _____ State _____ Zip _____

Telephone (508) 880-8100 Website https://www.jnjmedtech.com/en-US/companies/depuy-synthes

Licensing Company Email alaware@its.jnj.com

Section 2: Personal Information

First Adam Middle Jarvis Last LaWare

Alias(es, nick[redacted]anges, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 325 Paramount Drive

City Raynham State MA Zip [redacted]

Telephone [redacted] Email alaware@its.jnj.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		NA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Rice Memorial High School		09/92 - 05/96	
Address	**City**	**State**	**Zip**
99 Proctor Ave	South Burlington	VT	05403
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Rensselaer Polytechnic Institute		09/96 - 05/00	
Address	**City**	**State**	**Zip**
110 8th St	Troy	NY	12180
Diploma/Degree obtained, if any			
B.S. Biomedical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Boston University		09/03 - /07	
Address	**City**	**State**	**Zip**
881 Commonwealth Ave	Boston	MA	02215
Diploma/Degree obtained, if any			
M.B.A.			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/14 - Current	[redacted]	Pembroke	MA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
DePuy Synthes Sales, Inc.			12/01 - Current	
Business Address		**City**	**State**	**Zip**
325 Paramount Drive		Raynham	MA	02767
Phone	**Title**		**Number of Employed Hours**	
(508) 880-8100	National Sales Director Spine		47,000+ hours	

Description of Duties
Led the DePuy Synthes Spine digital strategy from creation through execution, inclusive of front-end acquisition modeling through commercial introduction of several platform technologies. Led the Digital marketing team to launch the Teligen Advanced Visualization platform, thereby creating a new category of MedTech solutions (VUE-LIF) aimed at capturing MIS TLIF share. Directed the capital selling strategy and CESM team to drive placement and direct sale agreements of partner products as well as direct sales of organic launches.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____ **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/23/25
Date

I, Adam LaWare, **certify that as the MDEG Administrator for**

DePuy Synthes Sales, Inc.,

that I (initial that you have read and meet the following requirements):

1. AL Have a high school diploma or its equivalent;
2. AL Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. AL Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. AL Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam LaWare
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/23/25
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler DePuy Synthes Sales, Inc.

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 325 Paramount Drive

City Raynham State MA Zip 02767

Mailing Address (if different from physical address) Same as physical address.

City _____ State _____ Zip _____

Telephone (508) 880-8100 Website https://www.jnjmedtech.com/en-US/companies/depuy-synthes

Licensing Company Email alaware@its.jnj.com

Section 2: Personal Information

First Adam Middle Jarvis Last LaWare

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 325 Paramount Drive

City Raynham State MA Zip [redacted]

Telephone [redacted] Email alaware@its.jnj.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		NA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Rice Memorial High School		09/92 - 05/96	
Address	City	State	Zip
99 Proctor Ave	South Burlington	VT	05403
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Rensselaer Polytechnic Institute		09/96 - 05/00	
Address	City	State	Zip
110 8th St	Troy	NY	12180
Diploma/Degree obtained, if any			
B.S. Biomedical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Boston University		09/03 - 05/07	
Address	City	State	Zip
881 Commonwealth Ave	Boston	MA	02215
Diploma/Degree obtained, if any			
M.B.A.			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/14 / Current	[redacted]	Pembroke	MA	[redacted]
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
DePuy Synthes Sales, Inc.			12/01 - Current	
Business Address		City	State	Zip
325 Paramount Drive		Raynham	MA	02767
Phone	Title		Number of Employed Hours	
(508) 880-8100	National Sales Director, Spine		47,000+ hours	

Description of Duties
Led the DePuy Synthes Spine digital strategy from creation through execution, inclusive of front-end acquisition modeling through commercial introduction of several platform technologies. Led the Digital marketing team to launch the Teligen Advanced Visualization platform, thereby creating a new category of MedTech solutions (VUE-LIF) aimed at capturing MIS TLIF share. Directed the capital selling strategy and CESM team to drive placement and direct sale agreements of partner products as well as direct sales of organic launches.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

6/23/25
Date

I, Adam LaWare, **certify that as the designated representative for**

DePuy Synthes Sales, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AL I am at least 21 years of age;
3. AL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Adam LaWare
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/23/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam LaWare

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/23/25

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, Adam LaWare, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/23/25

Date

Subscribed and Sworn to before me this 23rd day of June, 2025

Diane DeBenedict

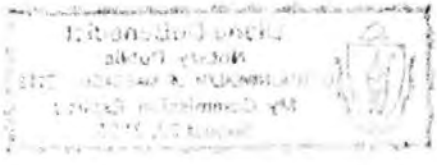
Notary Public Signature

Diane DeBenedict
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
August 22, 2025

(Seal)

Attachment E

List of Employees



List of Employees @ 325 Paramount Dr in Raynham, MA for DSSI as of 02-JUL-2025

First Name	Last Name	Company	Location
Aaron	Anderson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Aaron	Denesevich	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Aaron	Littleton	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Abel	MAGALHAES	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Abigail	Gibbs	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Adam	Archer	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Adam	Ching	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Adam	Guenther	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Adam	Hranka	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
ADAM	LAWARE	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Adam	Monek	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Adam	Spinks	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Adam	Wood	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Adrian	DeBaca	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Adrian	Marquez	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
AJ	Arnold	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Aleksej	Gusakovs	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Alex	Hollowell	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Alex	Jones	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Alexander	Geddes	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
ALEXANDER	ROHRER	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Alexander	Ryder	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Alexander	Weingart	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Alexandra	Amos	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Alexandra	Gan	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Alexandria	Graeber	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Allen	Treto	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Allison	Farias	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Allura	Fernandez	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Altrick	Dodd	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Alyssa	Gromala	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Amanda	Kronander	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Amanda	Gonzalez	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Amanda	Klingler	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Amanda	Roth	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Amanda	Vergason	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Amber	Nicoletti	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Amber	Wendecker	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ambrosia	Smith	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Amelia	Williams	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Amy	Herrema	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Amy	Kerbow	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Amy	Martino	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Amy	Showalter	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ana	Bernal	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ana Sofia	Andrade	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
ANA	VELASQUEZ	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Andre	Fuller	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Andrew	Geigle	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Andrew	Mick	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Andrew	Migliaccio	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Andrew	Paul	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Andrew	Payne	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Andrew	Pereira	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Andrew	Siemer	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
ANDY	BASS	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Angela	Nunno	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ann Marie	Foreman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Anna	Isgro	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Anne	Colligan	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Anthony	Graziani	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Anthony	Gregory	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Anthony	Havens	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Anthony	Luchansky	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Anthony	Scarfone	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
April	Belanger	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Arshia	Kamangar	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Aryn	Lohrey	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ashley	Duff	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ashley	Farmer	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ashley	Veazey	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ashly	Chardukian	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Audra	Schindehette	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Austin	Frechette	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Austin	Harrison	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Avery	Rebello	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Baker	Haviland	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Barrett	Pazderka	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ben	Churchfield	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Benjamin	Spears	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Beth	Gecewicz	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Bill	Koc	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Blake	Harkness	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Blake	Holland	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Blake	Turner	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brad	Husz	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brad	Szerlip	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Bradley	Baylies	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Bradley	Karp	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Bradley	Lanier	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
BRANDON	DABDOUB	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brandon	Fields	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brandon	Martinez	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brandon	Raff	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brandon	Szerlip	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brandon	Timm	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brandy	Roberts	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brenda	Kendall	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
BRENDAN	LAWRENCE	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brent	Bailey	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brent	Rubin	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brett	Ash	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brian	Agee	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brian	Brant	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brian	Bush	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
BRIAN	CHRISTIE	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brian	Currutt	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brian	Denny	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brian	Deutsch	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Brian	Dibattista	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brian	James	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brian	Murray	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
BRIAN	SOUSA	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brian	Toole	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brian	Weingartner	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brianna	Baker	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brianna	Magleby	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Bridget	Bednark	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Britley	Powers	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brittany	Horne	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brittany	Ledford	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brittany	Royce	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brogan	Baker	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Brooke	Pierce	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Bryan	Kulbacki	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Bryan	Poitras	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Bryant	Hertzog	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Caitlin	Giacomucci	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Caleigh	Achim	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Cameron	Billups	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Carlos	Alvarez	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Carol	Molin	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Carolina	Aguiar	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Carson	Hill	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Carson	Pennington	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Casey	Dwyer	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Casey	Oliver	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Casey	Simons	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
CHACE	CARREIRO	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
CHAD	ARTHURS	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Chad	Deavers	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Chad	Jaeger	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Chad	Obzud	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Chad	Olson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Charles	Cooper	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Charlotte	Hommel	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Chase	Blackwell	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Chase	Perrin	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Chelsea	Day	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Cheryl	Maguire	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Chris	Ciccone	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Chris	Orsini	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Chris	Raydo	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Chris	Reichman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Chris	Schlosser	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
CHRISTIAN	ASSILE	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Christian	Neary	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
CHRISTIAN	RINCON BERMUDEZ	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Christina	Leland	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Christopher	Carlberg	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Christopher	Denney	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Christopher	Fairchild	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Christopher	Gravely	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Christopher	Lammers	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Christopher	Mills	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Christopher	Quartarone	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Christopher	Reeser	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Christopher	Schillage	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Christopher	Speaker	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Christopher	Wiley	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Chrysanthi	Stellou	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Cindy	Johnson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Cindy	KENISTON	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Claire	Rotherham	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Claudia	Meyer	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Clayton	Krol	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Clayton	Richard	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Cody	Huffmon	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
CODY	JOHNSON	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Colby	Kent	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Cole	Gress	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Colin	Breeze	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Colin	McMahon	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Colleen	Lapp	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Colleen	Patterson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Connor	Brady	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Connor	Merklinger	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Connor	Wood	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Cooper	Esmay	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Cora	Jones	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Corey	Blanchard	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Corey	Spriggs	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Cory	Spidell	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Craig	McDaniel	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
DALE	ROBERTS	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Dan	Boisselle	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Dana	Garbinski	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Dane	Alward	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Dane	Mysel	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Daniel	Bernard	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Daniel	Bronson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
DANIEL	CROSBY	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Daniel	Griffin	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Daniel	Hill	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Daniel	Hoffman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Daniel	Mattock	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Daniel	Mirenda	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Daniel	Murphy	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Daniel	Quinn	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Daniel	Ryan	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Daniel	Stack	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Daniel	Sullivan	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Daniel	Summers	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Daniel	Williams	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Daniele	Chiaradonna	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Danielle	Sattler	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Danny	Segura	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Darby	Woodman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Daucin	Dvorsky	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
David	Carriere	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

David	Gross	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
David	Houle	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
David	Ristaino	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
David	Robason	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
David	Saggio	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
David	Stinnett	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
DAVID	WALSH	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
David	Wholey	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
DAWN	MEDEIROS	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Dawson	Reed	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Dean	Simeone	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
DENISE	PALAZUELOS	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Derek	Sutton	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Dianne	Byron	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Diego	Meneses	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Domenico	Ferrante	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Don	Gober	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Donald	Lemieux	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Donald	Wilcox Jr	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Douglas	Vigliotti	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Drew	Fischetti	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Drew	Urban	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Dustin	Bercutt	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Dylan	Kern	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Dylan	Rich	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ebba	Nobreus	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Edward	Hornbeck	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Edward	Moore IV	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Eilish	McCarty	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Eirene	Lo	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Elias	Adler	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Eliza	Balltrip	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Elizabeth	Hanley	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Elizabeth	O'Brien	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Elizabeth	Tascione	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Elle	Shult	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ellen	Fukuzawa	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

EMILY	DIPLACIDO	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Emily	Eckhout	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Emily	Fitzgerald	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
EMILY	LEDER	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Emily	Morley	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Emily	Thomas	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Emma	Craycraft	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Emma	Hixson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Enrique	Mora	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Eric	Blaylock	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Eric	Bolognone	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Eric	Dion	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Eric	Flint	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ericson	Lopez	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Erika	Lawler	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Erin	Cotten	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
ERIN	MARSHBURN	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ernest	Christmas	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ethan	Santiago	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Eva	Winston	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Evan	Ernst	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
EVAN	LEE	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Evan	McDonough	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Evan	Rios	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Frank	Adarkwa	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Frank	Spanos	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Frank	Thueringer	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Frankie	Cistaro	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Freddy	Mccollum Jr	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Gabriella	Lipson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
GABRIELLE	CRAMER	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Gabrielle	Little	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Gabrielle	Trimbach	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Garrett	Nash	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Garrett	Nolan	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Gary	Decet	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Gary	Dunn	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Geoffrey	Stillman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Georgia	TUNNEY	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Gina	Grout	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Glen	Eilbacher	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Glenn	Peura	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Grailey	Walton	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Grant	Tarbell	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
GRAYDON	WICKMAN	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Greg	Lambert	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Gregory	Leone	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Gregory	Young	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Haley	Sell	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
HALLIE	MORTAROTTI	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Hallie	Siems	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Hamilton	Jimenez	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Hanna	Wheeler	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Harrison	Kurz	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Hayden	Lewis	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Hayden	Wessell	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Hayley	Nemeth	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Hayley	Petrosini	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Heath	Pickard	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Heather	Affleck	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Heather	Cox	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Heather	Ferrell	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Heather	Robinson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Hector	Balderrama	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Hillary	King	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ian	Dennis	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ian	Rudowski	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Isabel	Stone	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Isabella	Racette	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Isabelle	McDonough	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jack	Burgess	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jack	DeVizia	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jack	Feldman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jackson	Martin	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Jaclyn	Biazar	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jacob	Achille	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jacob	Roberts	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jacob	Smith	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jake	Lampert	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jake	Manfredi	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jake	Wilson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
James	Ares	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
James	Barker	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
James	Bommarito	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
James	Carite	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
James	Faybik	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
James	Kelleher	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
James	Latal	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
James	Phelps	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
James	Ross	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
James	Thornhill	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
James	Travis	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jamie	Hamil	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jamie	Leonard	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jared	Dickson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jason	Buran	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jason	Gallegos	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jason	Kellen	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jason	Middleton	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jason	Pauldine	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jason	Rowland	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jason	Tucker	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jason	Underwood	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jayme	Morin	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jayson	Galindo	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jean	Massena	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jeff	White	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
JEFFERY	BEZOLD	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jeffrey	Jackson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
JEFFREY	LONG	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jeffrey	Yager	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Jenna	Breen	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jennifer	Chaney	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jennifer	Feeney	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jennifer	Reindl	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jennifer	Turner	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jeremy	Adams	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jeremy	Nalli	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jeremy	Niesent	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jeremy	Turner	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jesse	MacGlashing	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jesse	Masters	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jessica	Guntli	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jessica	Iannacone	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jessica	Leight	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jessica	McDaniel	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jessica	Montgomery	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
JESSICA	STANTON	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jimmy	Nguyen	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Joe	Felts	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Joe	Neely	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Joe	Stratman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Joel	Bryan	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Joel	Gustafson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
John	Aikins	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
John	Bartlett	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
John	Branco	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
John	David	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
John	Fitzgerald	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
John	Garcia	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
John	Hastings	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
John	Horan	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
John	Long	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
John	Morley	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
John	Nicolosi	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
John Paul	Livingstone	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
John	Peddicord	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
John	Polychrones	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

JOHN	SILVA	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
John	Splitgerber	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
JOHN	STRUIKSMA	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
John	Thompson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Johnathon	Terango	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Johnnie	Twitty	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
JON	LYONS	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jon	Mote	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jonathan	Diggs	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jonathan	Fowler	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jonathan	Huette	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jonathan	Pena	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jordan	Costa	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jordan	Decarvalho	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jordan	Siebers	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jorge	Pena	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jorge	Rosario Astacio	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jose	Torres Pacheco	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Joseph	Bullard	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Joseph	Castro	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Joseph	Harder	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
JOSEPH	HOOVER	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Joseph	Lemersal	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Joseph	Meyer	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Joseph	Serovich	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Joseph	Sinclair	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
JOSEPH	STALABOIN IV	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Joseph	Walters	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Joseph	Wouters	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Josh	Martin	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
JOSHUA	LEWIS	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Joshua	Patton	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Joshua	Paul	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Joshua	Sha	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Josue	Palazuelos	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
JR	Manuel	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
JT	Del Tufo	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Juan	Tuason	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
JUDITH	SHELTON	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Jules	Vansickle	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Julia	Segalla	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Justice	Rosario	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Justin	Batty	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Justin	Baumholser	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Justin	Galvez	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Justin	Kirby	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Justin	McCorvey	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Justin	Popek	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Justin	Pratt	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kacey	Nady	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kacey	Newman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kaitlin	Garcia	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kaleb	Franklin	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kali	Mead	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kareem	Fakih	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Karl	Steinek	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kasey	Hodges	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Katherine	Gillespie	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Katherine	Sullivan	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Katherine	Wotton	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kathryn	Elnicki	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kathryn	Kurowski	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Katie	Allinder	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Katie	Hansford Arce	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Katie	Oberholtzer	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kayla	Robinson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kayla	Thayer	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Keelan	Guilliams	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kelan	Rice	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kelly	Dunphy	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kennedy	Taylor	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kenneth	Gant	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kenneth	Samuel	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
KENNY	AMARAL	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Kent	Burks	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kermit	Tyler	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
KERRI	MILLER	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kevin	Anderson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kevin	Campbell	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kevin	Coley	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kevin	Lee	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kevin	Letz	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kevin	McNulty	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kevin	Murphey	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kevin	Nicolini	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kevin	Schmidt	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kevin	Thompson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kevin	Thornton	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Khristian	Olivas	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kim	Johnson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kimberly	Hayden	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kirk	Grant	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
KIRSTEN	HODGKINS	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kirsten	Letourneau	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kirsten	Speegle	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kollin	Waseleski	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Krissy	Ennis	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Krista	Thayer	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kristi	Raymond	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kristin	Ingeman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kristin	Jones	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kristin	Vierra	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kristina	Pham	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
KULANI	LAPAN	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kurt	Eilbacher	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kurtis	Knolle	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kyle	Banker	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kyle	Loseff	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kyle	McDaniel	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
KYLE	MURPHY	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Kyle	Russell	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Kyle	Upchurch	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
KYLE	Wightman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lafe	Goeckeritz	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
LAJAVIOUS	FAGAN	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lance	Philips	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lance	White	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Landon	Browns	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lane	Josi	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lauren	Busa	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lauren	Frerking	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lauren	Large	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lauren	Schultz	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lauren	Taylor	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lawrence	Miller	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lennart	Anton	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
LESLEY	GIVENS	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Leslie	Crouse	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Liam	Neuman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lilly	Navarre	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lily	Kinsman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lindsey	Camara	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lindsey	Jendrusch	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
LINDSEY	LUTZ	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
LISA	ABBOTT	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
LISA	GRABOWSKI	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lisa	Lipon	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
LISA	RISSO	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Logan	Brett	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Logan	Lauters	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lori	Burmeister	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
LORI	SIENKIEWICZ	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lou	Spaldo	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Louis	Sprague	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Louise	Fama	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lucas	Ajlouny	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lucas	Bowden	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Lucas	Miller	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Lucy	Odenwald	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Luke	Bowling	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Luke	Lecce	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Luke	Longo	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Luke	Sanders	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Mackenzie	Drigo	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Madalynn	Grounds	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Madeleine	Sawicki	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Madison	McKinstrey	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Madison	Palmer	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Makara	Napoli	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Makenzie	Lipscomb	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Makenzie	Miller	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Malaina	Enholm	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Manuel	Perales Carrillo	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Marc	Daitch	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Marc	Stahl	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Marco	Secchiaroli	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Mari-Taylor	Troutman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Maria	Blaine	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Maria	Borowiec	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Mariana	Pacheco	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Marie	O'Brien	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Mario	Perez	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Marisella	Gonzalez	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Maritza	Martinez	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Mark	Colwell	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Mark	Escandon	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Mark	Grady	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Mark	Grogan	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Mark	Hennessey	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Mark	Johnson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Mark	Tipton Jr	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Mark	Treichler	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Mark	Williams	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Marshall	Jones	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Martin	Gill	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Matt	Bradford	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Matt	Finn	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Matt	Hawks	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Matthew	Ayers	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Matthew	Burke	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Matthew	Causey	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Matthew	Davis	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Matthew	Dunphy	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Matthew	Haggerty	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Matthew	Hays	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
MATTHEW	HODUS	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Matthew	Klemm	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
MATTHEW	LIEG	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Matthew	McShea	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Matthew	Mueller	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Matthew	Ott	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Matthew	Purdy	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Matthew	Schmit	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Matthew	Torchia	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Mattie	Fiebig	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Maureen	Maloney	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Max	Resnick	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Maya	Canaday	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Megan	McFadden	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Megan	McGoohan	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Meghan	Fenton	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Meghan	Schmit	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Melinda	Bielski	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Melissa	DeCelle	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Melissa	Molaro	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Melissa	Whitman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
MICHAEL	BOICE	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Bruce	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Cortes	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	DeLuca	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Denny	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Edwards	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Michael	Fedolfi	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Fiorenza	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Hassett	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Jackson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Kelley	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Kremeier	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Marks	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Nguyen	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Niggle	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Orlick	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Paradiso	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Perez	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Strazik	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
MICHAEL	SULLIVAN	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Verrelli	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Vignola	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Michael	Weir	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
MICHELE	BLAKLEY	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
MICHELE	PONSART	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Mindy	Apperson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Misty	Brookman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Mitch	Helfrich	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Mitchell	Gerbers	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Molly	Black	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Molly	Chrisman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Molly	Scanlon	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Morgan	Zahn	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Mykala	Perrier	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nancy	Pimentel	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Natalie	Nettemeyer	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Natalie	O'Donnell	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Natalie	Steele	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nate	Bruno	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nathan	Carpenter	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nathan	Turk	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nathan	Waibel	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nathaniel	Dwyer	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Naveed	Siddiqi	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ned	Jefferies	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Neil	Andersen	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nelia	Coutinho	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nicholas	Baxter	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nicholas	Driscoll	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nicholas	Froland	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nicholas	Kaulius	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nicholas	Kreutzberg	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nicholas	Lankard	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
NICHOLAS	LORUSSO	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
NICHOLAS	NOWAK	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nicholas	Roth	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nicholas	Sessa	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nicholas	Thulin	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nick	Crout	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nick	DeGuerre	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nick	Halbert	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nicole	Freeman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nicole	York	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nikolaus	Karcz	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nina	Ferenc	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Nina	Firgau	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Noah	St Cyr	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Noah	Vann	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
NORBERTO	DEOLIVEIRA	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Olivia	Conrad	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Olivia	Delaney	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Olivia	Kudasik	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Olivia	Richardson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Oruene	Jack	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Owen	Waske	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Paige	George	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
PAMELA	BERGEN	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Panayiotis	Onisiforou	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Parker	Mackay	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Patrick	Burke	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Patrick	Ferris	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Patrick	Forliti	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Patrick	Gannon	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Patrick	Grifone	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
PATRICK	MCCANN	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Patrick	McMahon	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Patrick	Wiggins	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Patrick	Willis	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Paul	Bisig	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Paul	Blaszyk	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Paul	Rynne	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Paul	Vecchio	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Paxie	Lysiak	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
PERNELL	JONES SR	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Peter	Accardo	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Peter	Ciofrone	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Peter	Safer	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Peyton	Carr	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Peyton	Smith	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Phil	Williams	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
PHILIP	STEAD	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Phillip	Chapman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Phillip	Mayes	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
PRANAY	PATEL	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Precious	Slade	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Prisma	Gonzalez	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Quinlan	Harris	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Rachel	O'Sullivan	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Rashad	Sullivan	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Raziel	Moreno	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Reed	Barber	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Regina	Goslin	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Reid	Martinka	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Rex	Henderson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Richard	Ankers	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Richard	Frigstad	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Richard	Haley	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Richard	Robertson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Rico	Alicea	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Riley	Bakewell	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Rob	Davis	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Rob	Mierzwinski	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Rob	Walker	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Robert	Bangs	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Robert	Bodnar	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Robert	Fresorger	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Robert	Hardy Jr.	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Robert	Inman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Robert	Johnson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Robert	Kaufmann	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Robert	Murphy	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Robert	Pool	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
ROBERT	RAMIREZ	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Robert	Roux	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Robert	Smalls	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Robert	Ward III	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Robert	Wilhelm Jr	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
ROBIN	HANSEN	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Robyn	Matthews	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Rocio	Larios-Ross	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Rodney	Laughon	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Roger	Grant	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
RONALD	GALE	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Rory	Dwyer	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Rory	Merklinger	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Roselyne	Lichuma	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Roshan	Patel	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ross	Bedenbaugh	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ross	Mueller	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Russell	BAILEY	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
RUSSELL	DECICCO	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Banard	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Barbon	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Baywol	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Ryan	Cook	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Cooper	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Cunningham	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Eagon	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Edler	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Force	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Galovic	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
RYAN	HARDWICK	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Hurley	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Lodge	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Pratt	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Pressley	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Sward	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Taylor	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Teschko	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Teunissen	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Towle	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryan	Yaksich	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryas	Esdale	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ryder	Simser	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Sadie	McCarter	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Salvador	Rentas	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Salvatore	Ovella IV	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Samantha	McKechnie	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
SAMANTH^A	TORRES	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Samuel	Burke	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
SANDRA	RANDAZZO	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Sarah	Colombo	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Sarah	Flowers	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
SARAH	RUNYON	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Sarah	Veloz	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Scott	Eller	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Scott	MacLean	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Scott	Morley	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Scott	Sanek	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Scott	Schaner	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Sean	Bradley	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Sean	Greer	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Sean	Miller-Jones	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Sean	Parker	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Sean	Roberts	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
SEAN	SULLIVAN	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Sebastian	Hunter	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Selina	Schoene	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Sergio	Barrios	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Seth	Christian	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Shane	Hagen	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Shannon	Diamond	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Shawn	Fossum	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
SHELBY	FIELDHOUSE	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Shelby	Hallas	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Sin Yi	Cheung	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Stacey	Bonezzi	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Steffan	Wigert	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Stephen	Bowker	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
STEPHEN	GAVIN	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Stephen	Gerbig	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Stephen	Hofmeister	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Stephen	Parrish	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
STEVE	GUILLORY	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Steve	Patti	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Steve	Peabody	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Steve	Santos	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Steven	Colbert	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Steven	Gordon	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
STEVEN	KIDD	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Steven	Langer	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Steven	Siavelis	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Steven	Waibel	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Stormy	Parr	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Susan	Young	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Sydney	Meader	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Sydney	Metcalf	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Sylvia	Oszczapinski	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Tamim	Satar	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Taylor	Galpern	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Taylor	McInnis	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Taylore	Parker	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Telemahos	Economovich	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Theresa	Voss	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Thomas	Chaney	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
THOMAS	FENTON	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Thomas	Kelley	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Thomas	Meehan	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Thomas	Richardson	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Thomas	Spears	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Tiffany	Grimsley	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Tim	Vitagliano	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Timothy	Eiss	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Timothy	Frame	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Timothy	Gisi	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
TIMOTHY	LEPHEW	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Timothy	Maust	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Timothy	McDermott	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Timothy	Oliverio	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Tina	Vargas	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Toby	Goeckeritz	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Todd	Cody	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Todd	Swanlund	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Tom	Elliott III	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Tony	Cohn	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Tori	Moraga	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Traci	RADEMACHER	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Tracy	Roman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Trammell	Wells	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Travis	Hall	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Trevor	Stock	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Trey	Bartoo	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Troy	Hatton	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Troy	Russell	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Tyler	Milton	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

Tyler	Moeglin	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Tyler	Stein	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Tyler	Wald	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Tyler	Watkins	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Ulrica	Wyman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Veronica	Fagalde	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Victor	Rivera	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Vincent	Chen	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Vincent	Esposito	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
VINCENT	MEDIONTE	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Wade	Felty	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Walter	Ligman	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Warren	Cook	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Wendy	Smith	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Whitney	Coe	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
William	Allen	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
William	Bradshaw	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
William	Cuttler	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
William	Lee	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
William	Millard	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
William	Morrison	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
William	Prevette	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
William	Sheffield	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
YERLIS	PERALTA	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
YVETTE	ACCETTULLO	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Zach	Doyon	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Zachary	Boyd	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
ZACHARY	BROWN	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Zachary	Harned	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Zachary	Schafer	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Zachary	Simoneau	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Zachary	Smith	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr
Zachary	Taylor	6032-DePuy Synthes Sales, Inc. Legal Entity	US014 MA Raynham - 325 Paramount Dr

4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☐ Retail/Community	☐ Retail/Community
☒ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☒ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	☐ Non-sterile Compounding
			☒ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: PharmaLogic Colorado, LLC dba PharmaLogic Colorado

Physical Address: 2115 N. Scranton Street, Suite 1065

City: Aurora State: CO Zip: 80045

Mailing Address (if different from physical address): same as physical

City: _____ State: _____ Zip: _____

Telephone: 303-343-1016 Toll Free # (NAC 639.708, NRS 639.23286): 844-339-8819

Fax: 720-259-4530 Contact Email: DenverPharmacy@radiopharmacy.com

Website: www.radiopharmacy.com

Nevada Business License # (if applicable) N/A; new license application

Supervising/Managing Pharmacist Name (NRS 639.220): Douglas Smit

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24499

Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Douglas Smit	NV Pharmacist Registration #: 24499
Name: Tess Chang	NV Pharmacist Registration #: 24033
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): PharmaLogic Holdings Corp

Corporation/Organization Name: PharmaLogic Colorado, LLC

Mailing Address: 2115 N. Scranton Street, Suite 1065

City: Aurora State: CO Zip: 80045

Telephone: 303-343-1016 Email: DenverPharmacy@radiopharmacy.com

Contact Person Name: Douglas Smit

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the VP Pharmacy Quality&Regulatory (title) for PharmaLogic Colorado, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Jessica Comstock

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

10/26/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jessica Comstock, VP Pharmacy Quality and Regulatory

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Jessica Comstock 6/26/25

Original signature of Authorized Person (copies or stamps not accepted) Date

Board Use Only	Date Received: 7/3/25	Amount: $500 ck 101012

Ownership

PharmaLogic Holdings Corp

5301 N. Federal Hwy, Suite 280
Boca Raton, FL 33487
(561) 416-0085

Etienne Montagut, President & CEO
[redacted]
Newton, MA [redacted]
[redacted]
DOB: [redacted]
No Medical Professional License
0% Ownership

Mark Dmytruk, CFO
[redacted]
Boston, MA [redacted]
[redacted]
DOB: [redacted]
No Medical Professional License
0% Ownership

Jessica Comstock, VP of Pharmacy Quality & Regulatory
[redacted]
Delphi, IN [redacted]
[redacted]
DOB: [redacted]
Licensed Pharmacist
0% Ownership

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMALOGIC COLORADO, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF AUGUST, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHARMALOGIC COLORADO, LLC" WAS FORMED ON THE TWENTIETH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

7617130 8300

SR# 20253570428

Authentication: 204385967

Date: 08-05-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler PharmaLogic Colorado, LLC dba PharmaLogic Colorado

Pharmacy/Wholesaler License # (if applicable) N/A; new license application

Physical Address 2115 N. Scranton Street, Suite 1065

City Aurora State CO Zip 80045

Mailing Address (if different from physical address) same as physical address

City _____ State _____ Zip _____

Telephone 303-343-1016 Website www.radiopharmacy.com

Licensing Company Email DenverPharmacy@radiopharmacy.com

Section 2: Personal Information

First Douglas Middle Emile Last Smit

Alias(es, nicknames, name changes, etc.) Doug

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☑ F ☐ X

Mailing Address [redacted]

City Wheat Ridge State [redacted] Zip [redacted]

Telephone [redacted] Email dsmit@radiopharmacy.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Kansas School of Pharmacy		08/01-05/05	
Address	**City**	**State**	**Zip**
2010 Becker Dr.	Lawrence	KS	66045
Diploma/Degree obtained, if any: PharmD			

School Name		From - To (MM/YY – MM/YY)	
University of Kansas		08/90-05/94	
Address	**City**	**State**	**Zip**
1450 Jayhawk Blvd	Lawrence	KS	66045
Diploma/Degree obtained, if any: Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Wheat Ridge High School		08/86-05/90	
Address	**City**	**State**	**Zip**
9505 W 32nd Ave	Wheat Ridge	CO	80033
Diploma/Degree obtained, if any: High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/16 - Present	[redacted]	Wheat Ridge	CO	[redacted]
01/15-05/16		Golden	CO	

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
PharmaLogic Colorado, LLC			09/22-Present	
Business Address		**City**	**State**	**Zip**
2115 N. Scranton St, Suite 1065		Aurora	CO	80045
Phone	**Title**		**Number of Employed Hours**	
303-343-1016	Pharmacy Manager/PIC		4,500+	

Description of Duties

Hire and train new employees, compound Ga-68 kits, perform quality control, draw F-18 doses, package doses, complete DoT requirements for outgoing packages, order and manage inventory/supplies, ensure compliance with rules and regs.

Business Name			From - To (MM/YY – MM/YY)	
PetNet Solutions			01/13-09/22	
Business Address		**City**	**State**	**Zip**
2525 S. Downing St.		Denver	CO	80210
Phone	**Title**		**Number of Employed Hours**	
303-765-3864	Staff PET Pharmacist		~19,300	

Description of Duties

Manufacturing PET radiopharmaceuticals, quality control, maintain cGMP standards for FDA, drawing doses, performing DoT requirements on outgoing radiopharmaceutical packages.

Business Name			From - To (MM/YY – MM/YY)	
Hot Shots Nuclear Medicine			11/10-12/12	
Business Address		**City**	**State**	**Zip**
303 Quadrangle Dr.		Bolingbrook	IL	60440
Phone	**Title**		**Number of Employed Hours**	
N/A; closed	Pharmacy Manager		~4,100	

Description of Duties

In charge of budgeting, ordering, customer relations, hiring, training new employees as well as full-time involvement in staff rotation. Received and ordered kits, drew doses, performed DoT requirements, processed white blood cell studies.

Business Name			From - To (MM/YY – MM/YY)	
Covidien			01/07-11/10	
Business Address		**City**	**State**	**Zip**
4721 W. 135th St.		Crestwood	IL	60418
Phone	**Title**		**Number of Employed Hours**	
708-597-3302	Nuclear Pharmacy Manager		~7,500	

Description of Duties

In charge of budgeting, ordering, customer relations, hiring, training new employees as well as full-time involvement in staff rotation. Received and ordered kits, drew doses, performed DoT requirements, processed white blood cell studies.

Business Name			From - To (MM/YY – MM/YY)	
Mallinckrodt/Covidien			05/05-12/06	
Business Address		**City**	**State**	**Zip**
5903 E. Slauson Ave.		Commerce	CA	90040
Phone	**Title**		**Number of Employed Hours**	
N/A; closed	Staff SPECT Nuclear Pharmacist		~3,200	

Description of Duties

Receiving inventory, drawing doses, performing DoT requirements on outgoing packages, processing white blodo cell studies, taking prescription orders from customers, training new employees.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Douglas Smit, **certify that as the designated representative for**

PharmaLogic Colorado, LLC dba PharmaLogic Colorado,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. DS I am at least 21 years of age;
3. DS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Douglas Smit

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/23/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Douglas Smit

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/23/25

Date

Please have this section completed in the presence of a Notary Public.

State of Colorado, ss. County of Denver

I, Douglas Smit, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06/23/25

Date

Subscribed and Sworn to before me this 23 day of June, 2025.

Kevin Gregner
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20224022808
MY COMMISSION EXPIRES 06/09/2026

Notary Public Signature

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: PharmaLogic Colorado, LLC dba PharmaLogic Colorado

NV Pharmacy or Outsourcing facility license # (if applicable): N/A; new license application

Physical Address: 2115 N. Scranton Street, Suite 1065

City: Aurora State: CO Zip: 80045

Mailing Address (if different from physical address): same as physical address

City: State: Zip:

Telephone: 303-343-1016 Toll Free # (NAC 639.708, NRS 639.23286): 844-339-8819

Fax: 720-259-4530 Contact Email: DenverPharmacy@radiopharmacy.com

Website: www.radiopharmacy.com

Nevada Business License # (if applicable) N/A; new license application

Supervising/Managing Pharmacist Name (NRS 639.220): Douglas Smit

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24499

Name of Person with direct knowledge of compounding procedures: Douglas Smit

Email of Person with direct knowledge of compounding procedures: dsmit@radiopharmacy.com

Telephone of Person with direct knowledge of compounding procedures: 303-343-1016

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☑ Low ☐ Medium ☐ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☑ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

F-18 FDG - repackaged into unit dose syringes from manufacturer multidose vial
F-18 Neuraceq - repackaged into unit dose syringes from manufacturer multidose vial
F-18 Pylarify - repackaged into unit dose syringes from manufacturer multidose vial
F-18 Vizamyl - repackaged into unit dose syringes from manufacturer multidose vial

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☑ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

N/A

6. What laboratory performs this additional testing?

Name: N/A

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?

All products are inspected before and after preparation for any visible particles, abnormal coloration, and/or turbidity. If the product does not pass visual inspection, the product is quarantined and the compounding pharmacist will reach out to the Quality and Regulatory Department for next steps/investigations as needed.

8. How often do you perform glove fingertip and medial fill testing?

In triplicate as part of the onboarding process, then annually therafter.

9. What is your policy if an employee fails a glove fingertip or media-fill test?

If the observer notes any deviations from the acceptance criteria or procedures for glove fingertip or media-fill testing, the employee is considered to be not qualified and must repeat the qualifications.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

Please see SOP 6.02 - Aseptic Qualifications, 6.03 - Gowning, Garbing, and Hand Hygiene, and 7.05 - Network Training for our initial and annual training program for all personnel performing sterile compounding.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Please see SOP 6.04 - Cleaning of Clean Rooms and SRPAs and 6.05 - Cleaning of Clean LFHs and BSCs for the cleaning of our primary and secondary engineering controls, including frequency and names of approved agents used as cleaners/disinfectants and sporicidals.

12. Who performs the sterile compounding process at your facility?

Authorized nuclear pharmacists (ANP's) perform the sterile compounding process at PharmaLogic Colorado, LLC.

13. Who is responsible and accountable for the sterile compounding process at your facility?

Douglas Smit, Pharmacist-in-Charge

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

All products that are delivered/shipped follow DoT regulations and emergency procedures for handling radioactive materials. The delivery process is either initiated after quality control tests are completed, or delivered under quarantine and only released to the customer upon the successful completion of quality control tests.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? N/A		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No
7. If yes, list the name of the device:		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

N/A

2. What sterilization methods are utilized at your facility?

3. Does your facility utilize biological indicators? ☐ Yes ☐ No

4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Payton Hanby

Name of Person who Completed the Form

Pharmacy Regulatory Affairs Specialist, PharmaLogic Holdings Corp

Title

Signature (copies or stamps not accepted)

06/26/2025

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

THE COLORADO STATE BOARD OF PHARMACY
1560 Broadway, Suite 1300, Denver, CO 80202-5146
303-894-7800 FAX 303-894-7692 V/TDD 303-894-7880

PRESCRIPTION DRUG OUTLET INSPECTION REPORT

Date of Inspection: 4/1/25 **Time In/Out:** _____/_____

PDO Name PharmaLogic Colorado **Registration No** 168-223 **Expiration Date** 10/26

Address 2115 N. Scranton St. Ste 1065 **City** Aurora **Zip** 80045

Pharmacist Manager Douglas Smit **Lic No** 19775 **Email** dsmit@radiopharmacy.com

RPH on Duty Douglas Smit **Lic No** 19775 **Email** dsmit@radiopharmacy.com

Physical/Postings	Compliant?	Immunizations	Compliant?
5.01.31b&c: Clean, sanitary, adequate space	YES	19.01.10: Authorization, ACPE training, CPR	N/A
5.01.31d,f&g: Hot & cold water, frig & freezer	YES	19.01.40: Administration records	N/A
5.01.50: Pharmacy security	YES	19.01.50: Off-site administration	N/A
CRS 12-280-122:RPH/tech ratio____ nametags	YES	**Non-Sterile Compounding**	
CRS 12-280-118:Licenses and registrations posted	YES		
11.08.00, 7.00.30b: Employee list, tech posting	YES	21.10.10: P&P Manual annual review_____	N/A
5.01.31l: Prior inspection _____# deficiencies	YES	21.10.20: Training of personnel	N/A
3.00.51: Initial interpretation and final evaluation	YES	21.10.60: Components-expiration dating	N/A
23.00.60: PDMP notice, 20.00.70; CPP notice	N/A	21.10.90: Formulation records	N/A
5.01.31h: Professional reference library	YES	21.11.00: Compounding records/labeling	N/A
Recordkeeping		21.10.80: Beyond use dating, studies on site	N/A
11.03.00: CS Inventory date _____	N/A	**Central Prescription Processing/Remote Pharmacy Practice**	
11.06.00: CII, CIII-V, RX drug receipts dated	YES	20.01.20 &26.00.20: Policy and procedure manual, written agreements _____	N/A
11.06.05: Receipts from registered sources	YES	20.00.90: Records of receipt/delivery	N/A
11.07.20: Casual Sale records	N/A	3.00.90e: Return to stock records	N/A
11.07.10: Floor stock distribution	N/A		N/A
11.04.20: Daily printouts	NO	**Prepackaging/Labeling/Return Drug**	N/A
3.00.90b: RTS records	N/A	3.01.20: Prepack labeling and records	N/A
25.00.16: SPDO: CS inv., distribution, use records	N/A	3.01.22: Automated cassette labeling & records	N/A
27.00.30: HSP: CS inv., records of distribution	N/A	3.03.00: Customized medication packages	N/A
Dispensing		3.00.80: Return for dispensing or donation	N/A
		21.00.20: Casual sale of compounded products	N/A
11.04.10: Hardcopy of order filed appropriately	YES		
CII orders reviewed:_____	NO	**Drug Therapy Management**	
CIII-V orders reviewed:_____	NO	6.00.40: General authorization plan/protocols	N/A
RX orders reviewed:_____	YES	6.00.30: Pharmacist qualifications	N/A
2.01.53: Required order transfer information	N/A	6.00.60: Recordkeeping	N/A
2.01.10: Information to appear on each order	YES		
3.00.55: Prescription flavoring	N/A	**E-kits**	
Dispensing errors/valid prescription orders	YES	10.00.40: Labeling & contents of kit	N/A
Prescription labeling	YES	10.00.71: Removal and replacement of med	N/A

PRESCRIPTION DRUG OUTLET INSPECTION REPORT

PDO Name PharmaLogic Colorado Pharmacist Manager Douglas Smit

1. Please maintain daily printouts in accordance with Rule 11.04.20.

Tier 1 [✓] Tier 2 [ ]

Pursuant to CRS 12-280-108, the Colorado State Board of Pharmacy has the authority to inspect all registered outlets and investigate violations of the Board's Rules and Regulations, CRS Title 12, 280 of the Pharmacists, Pharmacy Business, and Pharmaceuticals Act; and the CRS Title 18, Article 18 of the Uniform Controlled Substance Act of 1992

I ACKNOWLEDGE THAT THE CONTENTS OF THIS INSPECTION REPORT HAVE BEEN EXPLAINED TO ME.	INSPECTOR'S SIGNATURE E Gan, R.Ph.
4/1/25	OTHER INSPECTORS PRESENT:
PHARMACIST'S SIGNATURE DATE	

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy

PharmaLogic Colorado

Prescription Drug Outlet- In-State

PDO.1680000223	11/01/2024
Number	**Issue Date**
Active	10/31/2026
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Sam Delp | Credential Holder Signature

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy

PharmaLogic Colorado

Prescription Drug Outlet- In-State

PDO.1680000223	11/01/2024
Number	**Issue Date**
Active	10/31/2026
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Sam Delp | Credential Holder Signature

Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	DBA	Public Address
PharmaLogic Colorado		2115 N Scranton St. Ste. 1065 Aurora, CO 80045

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
PDO.1680000223		Prescription Drug Outlet- In-State	Active	01/14/2021	11/01/2024	10/31/2026

Supervision

Relationship	Supervisor/Supervisee	License	Start Date	Relationship Type
Supervised By	Douglas Smit	PHA.0019775	09/26/2022	Manager

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

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DEA Explanation

PharmaLogic Colorado, LLC (CO license number PDO.168000023) is a closed-door nuclear pharmacy that does not order, store, compound, dispense, or otherwise handle controlled substances, therefore a DEA registration is not required for operation of this facility.

4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 · Reno, NV 89521 · (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☑ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☑ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH 31154		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☑ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: All family Pharmacy

Physical Address: 3350 Nw 2nd Ave Suite A2

City: Boca Raton State: FL Zip: 33431

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: 3

Telephone: 561 717 6794 Toll Free # (NAC 639.708, NRS 639.23286): 877 214 5452

Fax: 561 617 5708 Contact Email: Allfamilypharmacyboca@gmail.com

Website: Allfamilypharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): David Macharey

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24675

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: David Mackaey	NV Pharmacist Registration #: 24675
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: All Family Pharmacy LLC

Mailing Address: 3350 NW 2nd ave Suite A2

City: Boca Raton State: FL Zip: 33431

Telephone: 877 214 5452 Email: Allfamilypharmacyboca@gmail.com

Contact Person Name: Thomas Koenzler

Please check type of partnership (NAC 639.214) ☐ General ☑ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ~~☐ No~~

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Thomas Kuenzler (title) for All Family Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Thomas Kuenzler

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/17/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, David Mackaoey hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in charge (title) for All Family Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

David Mackaoey
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 22nd day of July, 2025

Agim Shurdho — Agim Shurdho
Notary Public

AGIM SHURDHO
Notary Public - State of Florida
Commission # HH 570380
My Comm. Expires Jul 12, 2028

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist (title) for All Family Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

David Mackey

Print Name of Authorized Person

David Mackey, RPh.

Original signature of Authorized Person (copies or stamps not accepted)

9/2/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas W kuenzler

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

9/2/25

Date

Board Use Only	Date Received: 9/3/25	Amount: $500 CK 6040

State of Florida
Department of State

I certify from the records of this office that ALL FAMILY PHARMACY LLC is a limited liability company organized under the laws of the State of Florida, filed on October 17, 2017, effective October 17, 2017.

The document number of this limited liability company is L17000214567.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024, that its most recent annual report was filed on April 2, 2024, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Sixteenth day of April, 2025

Secretary of State

Tracking Number: 7868350110CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Thomas Kuenzler

[redacted]

Ownership Percentage: 50%

Michael Kuenzler

[redacted]

Ownership Percentage: 50%

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

www.FloridaHealth.gov

File # 25166
Insp # 203721

NAME	PERMIT NUMBER	DATE OF INSPECTION
ALL FAMILY PHARMACY LLC	31154	02/20/2025
DOING BUSINESS AS		
STREET ADDRESS 3350 NW 2nd Ave Suite A-2	**TELEPHONE #** 561-717-6794	**EXT**
CITY BOCA RATON	**COUNTY** PALM BEACH	**STATE/ZIP** FL/33431

Additional Information

Business Operation Hours

Tuesday Y	Wednesday Y
Wednesday Hours 9-5	Thursday Y
Thursday Hours 9-5	Friday Y
Friday Hours 9-5	Saturday N
Saturday Hours CLOSED	Sunday N
Sunday Hours CLOSED	M-T-W-TH-F N
Monday Y	Monday Hours 9-5

Registered Pharmacist / Intern / Tech

License # 15754	Licensee Name Robert C Prudente
License Type Registered Pharmacists	
License # 47594	Licensee Name Sandra Morejon
License Type Pharmacy Tech	
License # 15858	Licensee Name Rebecca Jackson
License Type Pharmacy Tech	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FA 7563528	

License Relations

Pharmacy Affiliate

KUENZLER, MICHELE	License #

RX DPT MGR/COR/POR

PRUDENTE, ROBERT C	License # 15754

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081(2), F.A.C.]	Yes
"Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] [64B16-28.1035, F.A.C.]	Yes

Community Requirements General Section

INV359 - Community Requirements

Insp # 203721 | ALL FAMILY PHARMACY LLC | File # 25166

Outdated medications removed from active stock. [64B16-28.110, F.A.C.] [64B16-28.1191, F.A.C.]	Yes
Prescription Department is open for a minimum of 20 hours per week. [64B16-28.1081(1), F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c), F.S.] [21CFR1306.05]	Yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)] [64B16-28.140(3)(d), F.A.C.]	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102(5)(a), F.A.C.]	Yes
Technicians properly identified. [64B16-27.100(2), F.A.C.] [64B16-27.4001, F.A.C.] [64B16-27.410, F.A.C.] [64B16-27.420, F.A.C.]	Yes
Legend drugs properly stored within confines of pharmacy department and maintained at appropriate temperature to preserve therapeutic activity. [64B16-28.118, F.A.C.]; [64B16-28.120, F.A.C.]; [64B16-28.102, F.A.C.]	Yes
Documentation of destruction or return of controlled substances. [64B16-28.303, F.A.C.] *No controlled substances to be on site*	Yes
Generic equivalent sign is posted. [465.025(7), F.S.]	Yes

Additional Community Requirements

Prescription department is operating under clean, sanitary, and uncrowded health conditions. [64B16-28.102, F.A.C.]	Yes
Prescription department has a sink with running water easily accessible to the prescription counter. [64B16-28.102, F.A.C.]	Yes
Pharmacist is on the premises and on duty when the prescription department is open. [64B16-28.109, F.A.C.]	Yes
Pharmacy maintains a written policy and procedure manual regarding the number of registered pharmacy technician positions and the pharmacy operates within the established ratio as defined by rule. [64B16-27.410(2)(a), F.A.C.]	Yes
Pharmacists, technicians, and interns are licensed in the State of Florida. [465.015(1)(a), F.S.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	Yes
Medication is properly labeled for dispensing to patient. [64B16-28.108, F.A.C.]	Yes
Unclaimed prescriptions are maintained in stock for no more than one year past dispensing date. [64B16-28.1191, F.A.C.]	Yes
Manufacturer containers are properly labeled. [499.003(26), F.S.]	Yes
Customized medication packages are labeled properly with beyond use date of not more than 120 days from the date of preparation but not later than the beyond use date for any of the medications in the package. [64B16-28.108(6)9., F.A.C.]	Yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality-Related Events are available for inspection. [64B16-27.300, F.A.C.] [766.101(1)(a)(l), F.S.] *02 Jan 2025*	Yes
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.]	Yes
Compounding records include compounding date, lot number, expiration date, name and manufacturer of ingredients, package size, number of units, technician compounding and pharmacist verifying the final compound. [64B16-28.140(4), F.A.C.] *All ingredients and information as per standards*	Yes
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005, F.S.] [61N-1.012, F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005(14), F.S.] *Anda is primary source*	Yes
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility. [64B16-27.700(3)(g), F.A.C.]	Yes
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek follow-up care from his or her primary care physician. [465.1895(9), F.S.]	Yes
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S.]	Yes

Requirements for Dispensing Controlled Substances

Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11] *No Controlled substances on site per pharmacist*	N/A
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2), F.S.] [21CFR 1305.13(e)] [21CFR1305.22(g)]	N/A
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [465.022(12)(a), F.S.] [64B16-28.140, F.A.C.] [21CFR1306.22] [21CFR1304.04]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.] *Policy in place no instances reported*	Yes
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b), F.S.] [465.022(11)(b), F.A.C.]	Yes
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4)(3)(a), F.S.]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	

INV359 - Community Requirements

Insp # 203721

ALL FAMILY PHARMACY LLC

File # 25166

Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Pharmacy engages in Centralized Prescription Filling [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197(3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

HIV Infection Prevention Drugs

Pharmacists are screening, ordering or dispensing HIV postexposure prophylaxis drugs under a written Collaborative Practice Agreement. [465.1861, F.S.]	
An access-to-care plan has been submitted to the board office and is in place to assist patients in gaining access to appropriate care settings when they present to a pharmacist for HIV screening and indicate that they lack regular access to primary care. [465.1861, F.S.]	

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

ROSENTHAL, DAVID

Date:2/20/2025

Representative:

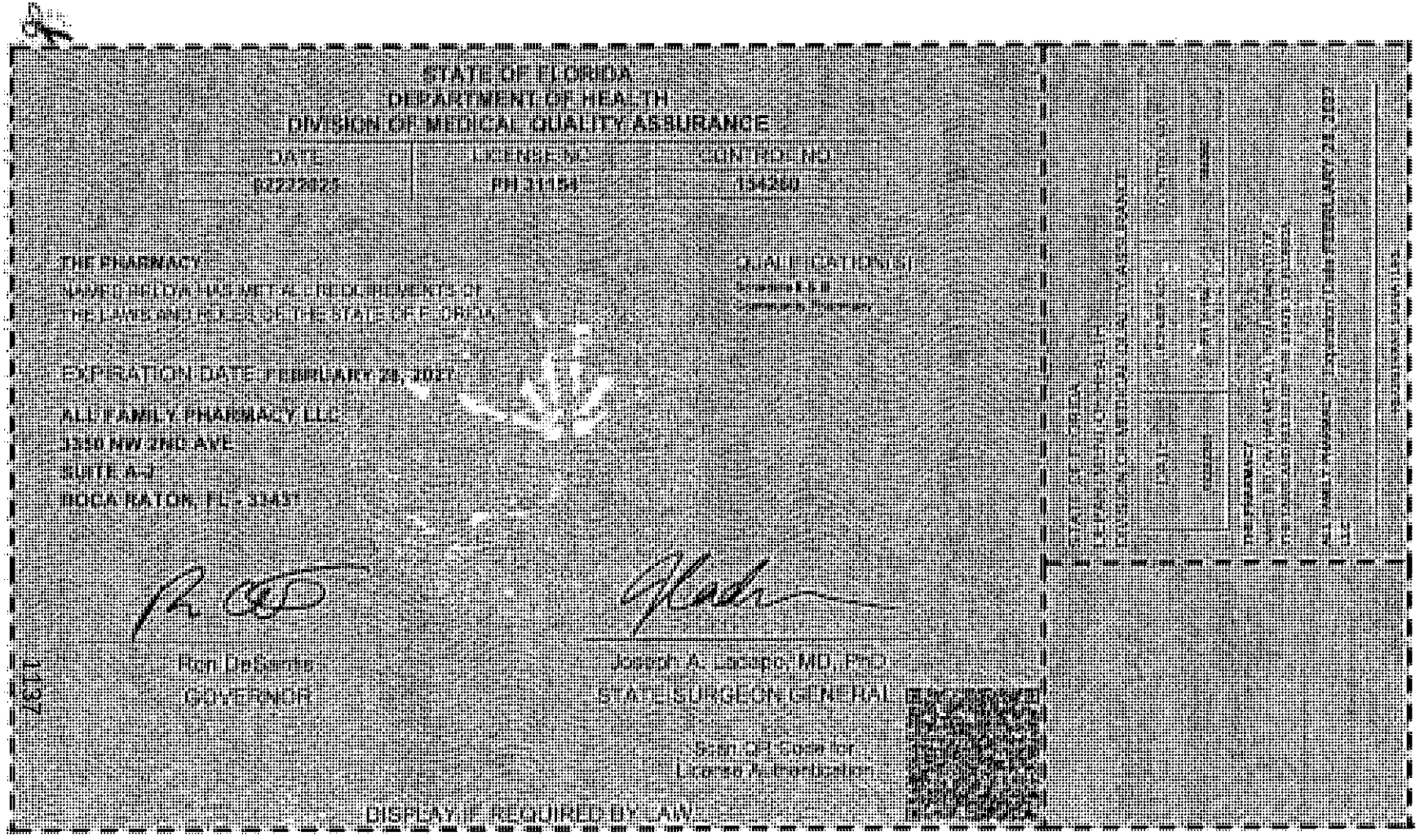
Thomas Kuenzler

Date:2/20/2025

Your license number is PH 31154.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.



STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02222023	PH 31154	154260

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA

QUALIFICATION(S)
Schedule II & III
Community Pharmacy

EXPIRATION DATE: FEBRUARY 28, 2027

ALL FAMILY PHARMACY LLC
3350 NW 2ND AVE
SUITE A-2
BOCA RATON, FL - 33431

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02222023	PH 31154	154260

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA

ALL FAMILY PHARMACY LLC Expiration Date FEBRUARY 28, 2027

1137

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Florida HEALTH

Vision: To be the healthiest state in the Nation

August 20, 2025

All Family Pharmacy
Attn: Tommy Kuenzler
3350 NW 2nd Avenue, Suite A2
Boca Raton, FL 33431

RE: License Certification for All Family Pharmacy LLC

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH31154
ORIGINAL CERTIFICATION:	02/07/2018
EXPIRATION DATE:	02/28/2027
CURRENT STATUS OF LICENSE:	Clear
AGENCY ACTION:	No
OTHER CERTIFICATIONS:	Community Pharmacy, Schedule II & III

To expedite the verification process, the above format is the standard format for all license certifications. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

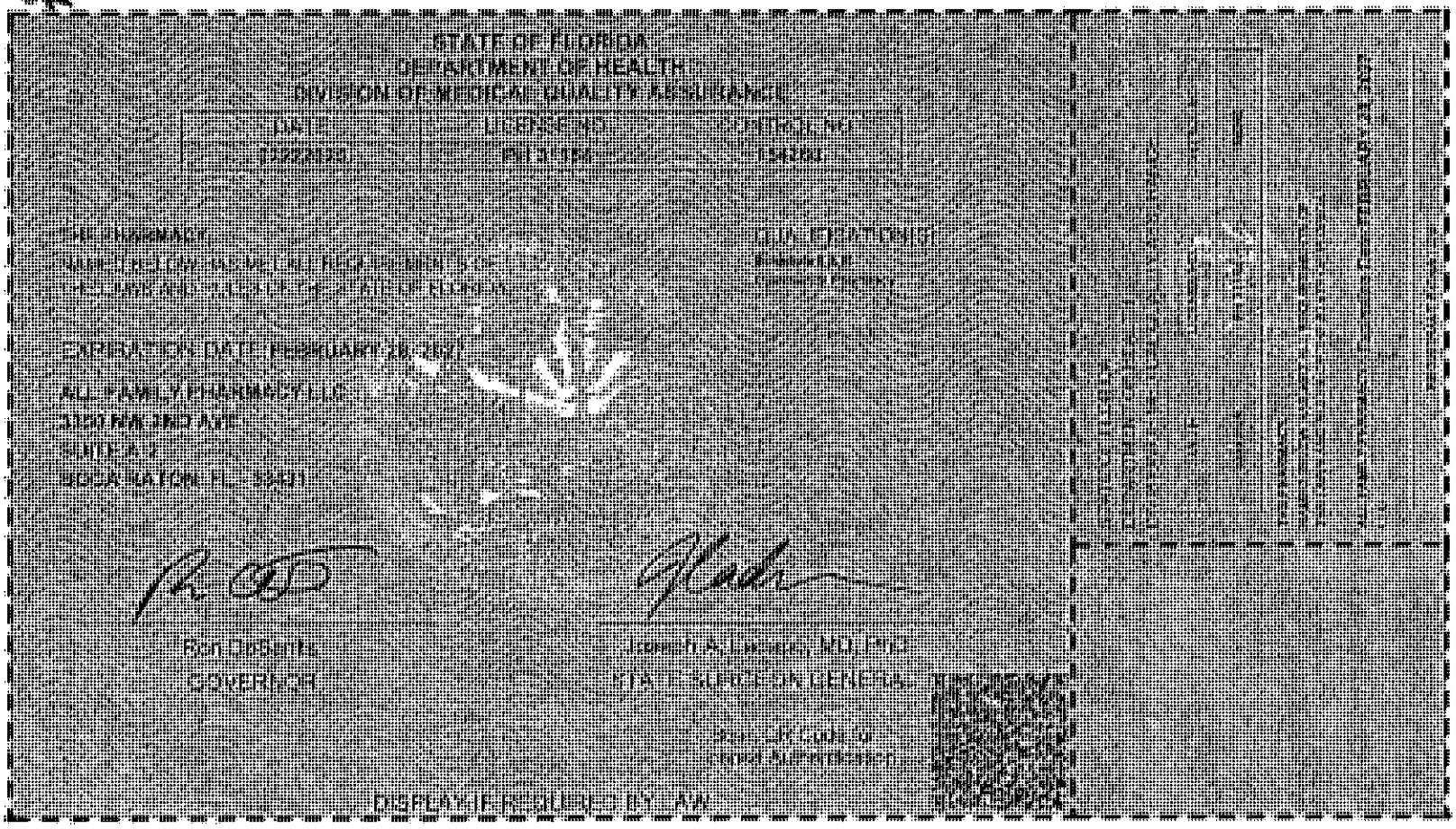
Sincerely,

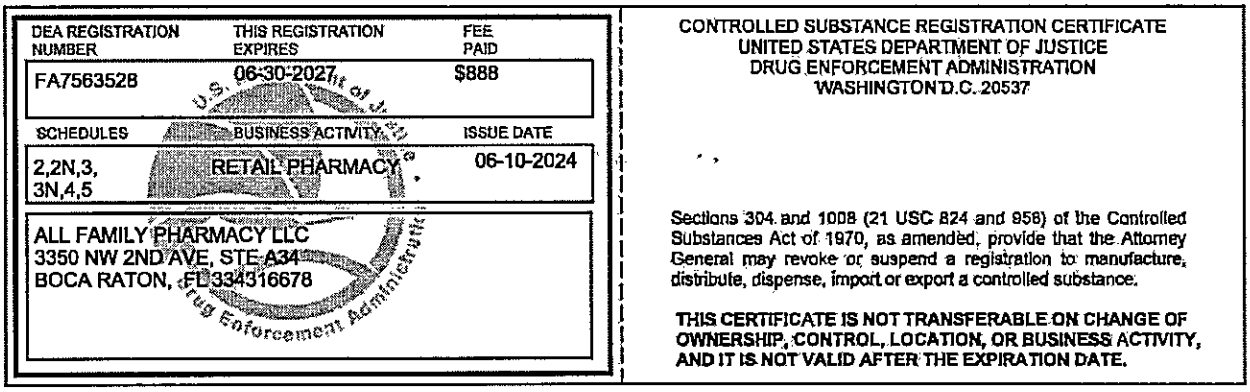
Oscar Bigeard
Regulatory Specialist II

Your license number is PH 31154.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.





DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA7563528	06-30-2027	$888

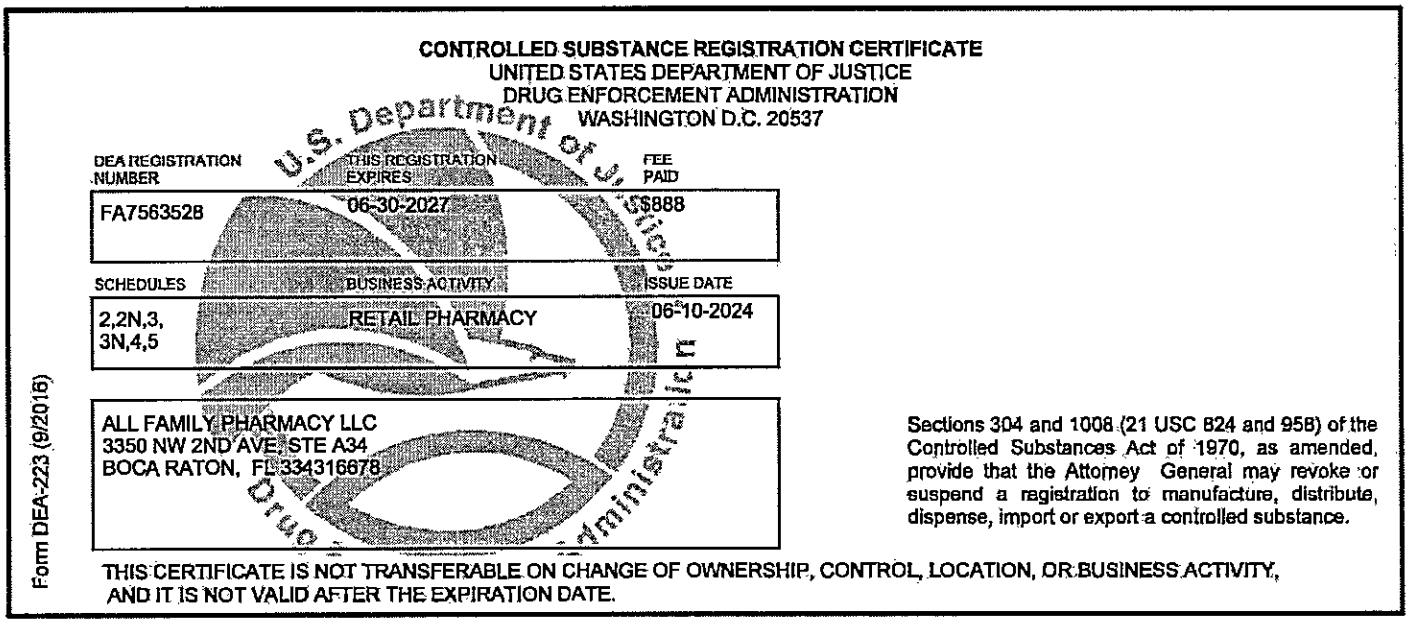
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	06-10-2024

ALL FAMILY PHARMACY LLC
3350 NW 2ND AVE, STE A34
BOCA RATON, FL 334316678

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.



CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA7563528	06-30-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	06-10-2024

ALL FAMILY PHARMACY LLC
3350 NW 2ND AVE, STE A34
BOCA RATON, FL 334316678

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

State of Florida
Department of State

I certify from the records of this office that ALL FAMILY PHARMACY LLC is a limited liability company organized under the laws of the State of Florida, filed on October 17, 2017, effective October 17, 2017.

The document number of this limited liability company is L17000214567.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024, that its most recent annual report was filed on April 2, 2024, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Sixteenth day of April, 2025

Secretary of State

Tracking Number: 3304498677CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

August 20, 2025

All Family Pharmacy
Attn: Tommy Kuenzler
3350 NW 2nd Avenue, Suite A2
Boca Raton, FL 33431

RE: License Certification for All Family Pharmacy LLC

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH31154
ORIGINAL CERTIFICATION:	02/07/2018
EXPIRATION DATE:	02/28/2027
CURRENT STATUS OF LICENSE:	Clear,
AGENCY ACTION:	No
OTHER CERTIFICATIONS:	Community Pharmacy, Schedule II & III

To expedite the verification process, the above format is the standard format for all license certifications. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Omar Bryant
Regulatory Specialist II

NEVADA STATE BOARD OF PHARMACY

885 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy Wholesaler: All Family Pharmacy

Pharmacy Wholesaler License # (if applicable): ph31154

Physical Address: 3350 nw 2nd ave suite a2

City: boca ratan State: fl Zip: 33431

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: Website:

Licensing Company Email: allfamilypharmacyboca@gmail.com

Section 2: Personal Information

First: Thomas Middle: William Last: Kuenzler

Aliases, nicknames, name changes, etc.:

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Olympic Heights Community High School		2001-2005	
Address	City	State	Zip
20101 Lyons Rd.	Boca Raton	fl	33434
Diploma/Degree obtained, if any			
diploma			

School Name		From - To (MM/YY – MM/YY)	
Valencia College		2009-2011	
Address	City	State	Zip
P.O. Box 3028,	Orlando	fl	32802
Diploma/Degree obtained, if any			
Associates			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2022-2025	[redacted]			
2018-2024				
1990-2018				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
All Family Pharmacy			11/2022-current	
Business Address		**City**	**State**	**Zip**
3350 nw 2nd ave suite a2		Boca raton	fl	33
Phone	**Title**		**Number of Employed Hours**	
561-843-6847	Owner		7500	
Description of Duties				
Owner/IT/Pharmacy Technician				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas Kuenzler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9.12.2025

Date

Please have this section completed in the presence of a Notary Public.

State of FLORIDA, ss. County of PALM BEACH

I, THOMAS KUENZLER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9.12.2025

Date

Subscribed and Sworn to before me this 12TH day of SEPTEMBER, 2025

Notary Public Signature / DONNA LYNN BUDD

DONNA LYNN BUDD
Notary Public - State of Florida
Commission # HH 225507
My Comm. Expires Feb 7, 2026

(Seal)

I, Thomas Kuenzler, certify that as the designated representative for

All Family Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. TK I am at least 21 years of age;
3. TK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Thomas Kuenzler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9.12.2025

Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: All Family Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): ph31154

Physical Address: 3350 nw 2nd ave suite a2

City: boca raton State: FL Zip: 33431

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: Website:

Licensing Company Email: allfamilypharmacyboca@gmail.com

Section 2: Personal Information

First: Thomas Middle: William Last: Kuenzler

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Olympic Heights Community High School		2001-2005	
Address	**City**	**State**	**Zip**
20101 Lyons Rd,	Boca Raton	fl	33434
Diploma/Degree obtained, if any			
diploma			

School Name		From - To (MM/YY – MM/YY)	
Valencia College		2009-2011	
Address	**City**	**State**	**Zip**
P.O. Box 3028,	Orlando	FL	32802
Diploma/Degree obtained, if any			
Associates			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2022-2025	[redacted]			
2018-2024				
1990-2018				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas Kuenzler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/18/25

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Thomas Kuenzler, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9-18-25

Date

Subscribed and Sworn to before me this 18th day of September, 2025

Elizabeth Platis

Notary Public Signature

ELIZABETH PLATIS
Notary Public
State of Florida
Comm# HH306130
Expires 8/29/2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: All Family Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH 31154

Physical Address: 3350 NW 2ND AVE SUITE A2

City: BOCA RATON State: FL Zip: 33431

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 561 717 6794 Website: Allfamilypharmacy Boca@gmail.com

Licensing Company Email: N/a

Section 2: Personal Information

First: Michael Middle: Last: KUENZLER

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex ☐ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
WEST BOCA HIGH SCHOOL		08/02-06/06	
Address	City	State	Zip
12811 Glades Rd, Boca Raton	Boca Raton	FL	33498
Diploma/Degree obtained, if any			
DEGREE			

School Name		From - To (MM/YY – MM/YY)	
Valencia College			
Address	City	State	Zip
P O. Box 3028,	Orlando	FL	32802
Diploma/Degree obtained, if any			
ASSOCIATES			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2022-2025	[redacted]			
2018-2025				
1990-2018				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
All Family Pharmacy			11/22-CURRENT
Business Address	**City**	**State**	**Zip**
3350 nw 2nd ave suite a2	BOCA RATON	FL	33431
Phone	**Title**		
5617176794	OWNER		
Description of Duties			
Owner/Pharmacy Technician			

Business Name			From - To (MM/YY – MM/YY)
Cafe Martorano			2010-2022
Business Address	**City**	**State**	**Zip**
3343 E Oakland Park Blvd	Fort Lauderdale	fl	33308
Phone	**Title**		
(954) 561-2554	Server		
Description of Duties			
Restaurant server			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Kuenzler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/18/25

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Michael Kuenzler, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/18/25

Date

Subscribed and Sworn to before me this 18th day of September 2025

Elizabeth Platis

Notary Public Signature

ELIZABETH PLATIS
Notary Public
State of Florida
Comm# HH306130
Expires 8/29/2026

(Seal)

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☒ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☒ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FA4953863
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☒ Other: Mail Order	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☒ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☒ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: ASM Pharmacy, LLC dba ASM Home Delivery

Physical Address: 7041 Girls School Ave

City: Indianapolis State: IN Zip: 46241

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 317-202-1298 Toll Free # (NAC 639.708, NRS 639.23286): 1-888-692-7643

Fax: 317-550-1397 Contact Email: jill.woodward@asmhomedelivery.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Jill Woodward

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 13710

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Jill Woodward	NV Pharmacist Registration #: 13710
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: ASM Pharmacy, LLC

Mailing Address: 224 N. Park Ave

City: Fremont State: NE Zip: 68025

Telephone: 402-753-2800 Email: _____

Contact Person Name: Jack Barta

Please check type of partnership (NAC 639.214) ☐ General ☑ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☑ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist in Charge (title) for ASM Home Delivery (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Jill Woodward

Print Name of Authorized Person

Jill Woodward

Original signature of Authorized Person (copies or stamps not accepted)

1/23/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Jill Woodward hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for ASM Home Delivery (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

Joleen Sawyer
Notary Public Seal State of Indiana
Johnson County
Commission Number NP0753347
My Commission Expires 12/13/2031

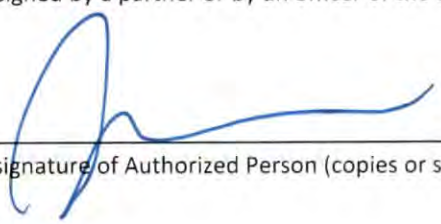
SUBSCRIBED AND SWORN TO
Before me, a notary public this 20 day of January, 2025

Notary Public

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jack Barta

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

1/30/25

Date

Board Use Only	Date Received: 3/4/25	Amount: $500 ck 1037

OWNERSHIP INFORMATION

Name	Title	DOB	Address	Telephone	Fax	Percentage
Walter M. Hoff	Managing Member	[redacted]				25%
Jack R. Barta	Managing Member					37.5%
Christy L. Piti	Managing Member					37.5%

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site ASM Pharmacy, LLC dba ASM Home Delivery

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 7041 Girls School Ave

City Indianapolis State IN Zip 46241

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 317-202-1298 Website _____

Licensing Company Email krystal.linley@a-smeds.com

Section 2: Personal Information

First Walter Middle _____ Last Hoff

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Seton Hall University		1970-1974	
Address	**City**	**State**	**Zip**
400 S Orange Ave	South Orange	NJ	07079
Diploma/Degree obtained, if any			
Bachelors in Accounting			

School Name		From - To (MM/YY – MM/YY)	
Riverdale High School		1970 Graduate	
Address	**City**	**State**	**Zip**
55 Pyle St	Oradell	NJ	07649
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/19 - Present	[redacted]			
03/95 - 02/19				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Sav-Rx Pharmacy			2023-Present	
Business Address		**City**	**State**	**Zip**
1855 N Airport Rd		Fremont	NE	68025
Phone	**Title**			
	President			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
A-S Medication Solutions LLC			2009 - present	
Business Address		**City**	**State**	**Zip**
2401 Commerce Dr		Libertyville	IL	60048
Phone	**Title**			
	Owner/CEO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
ASM Pharmacy-Kansas LLC			2022-present	
Business Address		**City**	**State**	**Zip**
800 Ann Avenue		Kansas City	KS	61101
Phone	**Title**			
	Owner/member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
ASM Pharmacy-Tennessee, LLC			2022-present	
Business Address		**City**	**State**	**Zip**
7665 US Hwy 70, suite 102		Bartlett	TN	38133
Phone	**Title**			
	Owner/Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
ASM Pharmacy, LLC			2022-present	
Business Address		**City**	**State**	**Zip**
7012 Marlowe Rd		Richmond	VA	23225
Phone	**Title**			
	Owner/Member			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Walter Hoff

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/30/25

Date

Please have this section completed in the presence of a Notary Public.

State of Nebraska, ss. County of Dodge

I, Walter Hoff, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/30/25

Date

Subscribed and Sworn to before me this 30 day of January, 2025.

Notary Public Signature

General Notary - State of Nebraska
LISA A. QUINCY-RUMP
My Comm. Exp. Sept. 25, 2028.

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site ASM Pharmacy, LLC dba ASM Home Delivery

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 7041 Girls School Ave

City Indianapolis State IN Zip 46241

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 317-202-1298 Website _____

Licensing Company Email krystal.linley@a-smeds.com

Section 2: Personal Information

First Jack Middle _____ Last Barta

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Fremont High School		1988 Graduate	
Address	**City**	**State**	**Zip**
1750 N Lincoln Ave	Fremont	NE	68025
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/05 - Present	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Sav-Rx Pharmacy			2014-PRESENT
Business Address	**City**	**State**	**Zip**
1855 N Airport Rd	Fremont	NE	68025
Phone	**Title**		
	Owner/Vice President		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
A-S Medication Solutions LLC			2009 - present
Business Address	**City**	**State**	**Zip**
2401 Commerce Dr	Libertyville	IL	60048
Phone	**Title**		
	Owner/Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
ASM Pharmacy-Kansas LLC			2022-present
Business Address	**City**	**State**	**Zip**
800 Ann Avenue	Kansas City	KS	61101
Phone	**Title**		
	Owner/member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
ASM Pharmacy-Tennessee, LLC			2022-present
Business Address	**City**	**State**	**Zip**
7665 US Hwy 70, suite 102	Bartlett	TN	38133
Phone	**Title**		
	Owner/Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
ASM Pharmacy, LLC			2022-present
Business Address	**City**	**State**	**Zip**
7012 Marlowe Rd	Richmond	VA	23225
Phone	**Title**		
	Owner/Member		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jack Barta

Print Name (First, Last)

X _____ 1/30/25

Original Signature (electronic, copies or stamps not accepted) Date

---

Please have this section completed in the presence of a Notary Public.

State of Nebraska, ss. County of Dodge

I, Jack Barta, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

X _____ 1/30/25

Original Signature **Date**

Subscribed and Sworn to before me this 30 day of Jan 2025

_____

Notary Public Signature

General Notary - State of Nebraska
LISA A. QUINCY-RUMP
My Comm. Exp. Sept. 25, 2028.

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site ASM Pharmacy, LLC dba ASM Home Delivery

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 7041 Girls School Ave

City Indianapolis State IN Zip 46241

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 317-202-1298 Website _____

Licensing Company Email krystal.linley@a-smeds.com

Section 2: Personal Information

First Christy Middle _____ Last Piti

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Addre[redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Arizona R. Ken Coit College of Pharmacy		08/85 - 05/89	
Address	**City**	**State**	**Zip**
1295 N Martin Ave	Tucson	AZ	85721
Diploma/Degree obtained, if any			
Bachelors in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Fremont High School		1985 Graduate	
Address	**City**	**State**	**Zip**
1750 N Lincoln Ave	Fremont	NE	68025
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
08/06 - Present				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Sav-Rx Pharmacy			2014-PRESENT	
Business Address	**City**	**State**	**Zip**	
1855 N Airport Rd	Fremont	NE	68025	
Phone	**Title**			
	Owner/CEO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
A-S Medication Solutions LLC			2009 - present	
Business Address	**City**	**State**	**Zip**	
2401 Commerce Dr	Libertyville	IL	60048	
Phone	**Title**			
	Owner/Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
ASM Pharmacy-Kansas LLC			2022-present	
Business Address	**City**	**State**	**Zip**	
800 Ann Avenue	Kansas City	KS	61101	
Phone	**Title**			
	Owner/member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
ASM Pharmacy-Tennessee, LLC			2022-present	
Business Address	**City**	**State**	**Zip**	
7665 US Hwy 70, suite 102	Bartlett	TN	38133	
Phone	**Title**			
	Owner/Member			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
ASM Pharmacy, LLC			2022-present	
Business Address	**City**	**State**	**Zip**	
7012 Marlowe Rd	Richmond	VA	23225	
Phone	**Title**			
	Owner/Member			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christy Piti

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/30/25

Date

Please have this section completed in the presence of a Notary Public.

State of Nebraska, ss. County of Dodge

I, Christy Piti, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/30/25

Date

Subscribed and Sworn to before me this 30 day of Jan 2025

Lisa A. Quincy-Rump

Notary Public Signature

General Notary - State of Nebraska
LISA A. QUINCY-RUMP
My Comm. Exp. Sept. 25, 2028.

(Seal)

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the State of Nebraska, do hereby certify that

ASM PHARMACY, LLC

was duly formed under the laws of Nebraska on June 30, 2023;

all fees, taxes, and penalties due under the Nebraska Uniform Limited Liability Company Act or other law to the Secretary of State have been paid;

the Company's most recent biennial report required by section 21-125 has been filed by the Secretary of State;

the Secretary of State has not administratively dissolved the company;

the Company has not delivered to the Secretary of State for filing a Statement of Dissolution;

a Statement of Termination has not been filed by the Secretary of State.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

January 3, 2025

Secretary of State

Verification ID dbce1fc has been assigned to this document. Go to ne.gov/go/validate to validate authenticity for up to 12 months.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ASM Pharmacy, LLC dba ASM Home Delivery

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 7041 Girls School Ave

City Indianapolis State IN Zip 46241

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-692-7643 Website _____

Licensing Company Email krystal.linley@a-smeds.com

Section 2: Personal Information

First Jill Middle Elizabeth Last Woodward

Alias(es, nicknames, name changes, etc.) Jill Elizabeth Pierce

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Purdue University			09/1992-05/1997
Address	**City**	**State**	**Zip**
610 Purdue Mall	West Lafayette	IN	47907
Diploma/Degree obtained, if any			
BSPharm			

School Name			From - To (MM/YY – MM/YY)
Homestead High School			08/1988-06/1992
Address	**City**	**State**	**Zip**
4310 Homestead Rd	Fort Wayne	IN	46814
Diploma/Degree obtained, if any			
Academic Honors			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/03-present	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
ASM Home Delivery			11/24-01/25
Business Address	**City**	**State**	**Zip**
7041 Girls School Ave	Indianapolis	IN	46241
Phone	**Title**	**Number of Employed Hours**	
888-692-7643	Director of Pharmacy	400	
Description of Duties			
Hiring of Pharmacists and technicians, maintaining inventory, ensuring compliance of states regualtions, quality, and establishing SOPs.			

Business Name			From - To (MM/YY – MM/YY)
Amazon Pharmacy			03/21-07/24
Business Address	**City**	**State**	**Zip**
3620 Plainfield Rd	Indianapolis	IN	46231
Phone	**Title**	**Number of Employed Hours**	
855-745-5725	Lead Pharmacist	6240	
Description of Duties			
Responsible for hiring and development of pharmacists, ensuring compliance and quality and adherance to SOPs. Worked alongside PIC to ensure these were done while maintaining appropriate operations.			

Business Name			From - To (MM/YY – MM/YY)
Walgreens			06/97-02/21
Business Address	**City**	**State**	**Zip**
108 Wilmot Rd	Deerfield		IL
Phone	**Title**	**Number of Employed Hours**	
800-925-4733	Pharmacy Manager	49000	
Description of Duties			
Pharmacy manager at a variety of locations in both Las Vegas as well as in Indianapolis, IN and surrounding area. Responsible for hiring of technicians, maintaining inventory, compliance, quality and adhering to SOPs and laws			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Jill Woodward, **certify that as the designated representative for**

ASM Pharmacy, LLC dba ASM Home Delivery,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JW I am at least 21 years of age;
3. JW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jill Woodward

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/17/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jill Woodward

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/17/2025

Date

Please have this section completed in the presence of a Notary Public.

State of INDIANA, ss. County of JOHNSON

I, Jill Woodward, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/17/2025

Date

Subscribed and Sworn to before me this 17 day of JANUARY, 2025

Notary Public Signature

Joleen Sawyer
Notary Public Seal State of Indiana
Johnson County
Commission Number NP0733347
My Commission Expires 12/13/2031

(Seal)

Pharmacy
402 W. Washington Street
Indiana Government Center South, Room W072

Indianapolis, IN 46204

FACILITY
ASM Pharmacy, LLC DBA ASM Home Delivery
7041 Girls School Ave
Indianapolis IN 46241
Phone: 4632446150
Owner:
Ownership Type:

LICENSE
License No:
Profession: Pharmacy
License Type: Pharmacy
7041 Girls School Ave
Indianapolis IN 46241
Phone: 4632446150

Inspection Type:	Pharmacy Inspection
Inspection Date:	10/16/2024
Result:	Pass

Remarks: Need a POA for Lyman No compounding No immunizations No speciality Drugs Clinical Pharm McKessen, ASM WH for repacks

Checklist Results

Pharmacy General Information

Absence of Pharmacist

Staff/Personnel

Pharmacy Equipment/Security

References

Automated Medication Systems & Automatic Counting

AMS Automated Packaging Systems

Drug storage/labeling/destruction

Dispensing/Records Retention

Fax/e-prescribing/Transfers

Remote Order Entry and Centralized Processing

Generic Substitution

Controlled Substances

DEA Forms

INSPECT

Sterile Compounding: Policies and Procedures

Sterile Compounding: Engineering Controls

Sterile Compounding: Personnel

Sterile Compounding: Labeling/Documentation

Non-sterile Compounding

Remote Locations (Type II only)

Emergency Drug Kits/Crash Carts

Quality-Related Events/Patient Own Medications

Special Medications

Immunization Rule

Patient Confidentiality (HIPAA)

Prescription Audit

As the undersigned representative of the licensee, I affirm that the information provided during the inspection is true and accurate to the best of my knowledge. I understand that the licensee is responsible for the legal operations of the facility and I am executing this inspection form as, or on behalf of the licensee.

The alleged violator has voluntarily entered into an Opportunity to Correct Plan with the Indiana Professional Licensing Agency (PLA). Pursuant to IC 4-21.5-2.5-7, the alleged violator enters into a written Corrective Plan to correct the alleged violation(s) set forth above before the agency institutes an enforcement action which may include the filing of a Consumer Complaint with the Office of the Indiana Attorney General. Upon notice that the alleged violation(s) has been corrected, this Agency shall re-inspect not more than thirty (30) days after to determine if you have substantially complied with the applicable rule or state statute. If subsequent inspection identifies a failure to address previous violations the facility will "fail" the inspection and additional enforcement actions may be initiated against licensure.

In order to avoid additional enforcement action, the alleged violator must submit the Corrective Plan within five (5) business days after the initial inspection. A plan of corrective action can be either emailed to PLACompliance@pla.in.gov, or mailed to: Indiana Professional Licensing Agency, Attn: Compliance Division, 402 W. Washington St. RM W072, Indianapolis, IN 46204

Signature of Inspector

10/16/2024 1:47:07 PM

Date Time

Signature of Owner Representative

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacy

Registration Number	Expire Date
60006952A	12/31/2025

ASM Pharmacy, LLC DBA ASM Home Delivery
7041 Girls School Ave
Indianapolis IN 46241

Eric J. Holcomb
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacy

Registration Number	Expire Date
60006952A	**12/31/2025**

ASM Pharmacy, LLC DBA ASM Home Delivery

Signature

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

CSR-Pharmacy

Registration Number	Expire Date
60006952B	12/31/2025

DRUG SCHEDULES

1	2	2N	3	3N	4	5
	Yes	Yes	Yes	Yes	Yes	Yes

ASM Pharmacy, LLC DBA ASM Home Delivery

7041 Girls School Ave
Indianapolis IN 46241

Eric J. Holcomb
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

CSR-Pharmacy

Registration Number	Expire Date
60006952B	12/31/2025

ASM Pharmacy, LLC DBA ASM Home Delivery

Signature

State of Indiana

DEMOGRAPHIC INFORMATION

Name: ASM Pharmacy, LLC DBA ASM Home Delivery

ADDRESS INFORMATION

Line 1: 7041 Girls School Ave
Line 2:
City/State/Zip: Indianapolis IN 46241
County: Marion

LICENSE INFORMATION

Lic #:	60006952A	Profession:	Pharmacy Board	Type:	Pharmacy
Status:	Active	Issued:	10/21/2024	Expiration:	12/31/2025
Method:	Application				

DISCIPLINE INFORMATION

RELATED LICENSES

Lic #:	**60006952B**	Name:	ASM Pharmacy, LLC DBA ASM Home Delivery	
License Type:	CSR-Pharmacy	License Status:	Active	Relationshi

SPECIALTY INFORMATION

No Specialty Information

INSPECTION INFORMATION

Inspection Type:	Pharmacy Inspection Report	Inspection Date:	10/16/2024 Ins
Inspection Type:	Pharmacy Inspection Report	Inspection Date:	6/2/2025 Insp

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA4953863	06-30-2027	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	12-09-2024

ASM PHARMACY LLC.
7041 GIRLS SCHOOL AVE
INDIANAPOLIS, IN 46241

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA4953863	06-30-2027	$888

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3,3N,4, 5	RETAIL PHARMACY	12-09-2024

ASM PHARMACY LLC.
7041 GIRLS SCHOOL AVE
INDIANAPOLIS, IN 46241

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Dangerous drugs ☒ Controlled substances DEA #: FB5941251 ☒ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: By Blend LLC

Physical Address: 6171 Huntley Rd, STE J

City: Columbus State: OH Zip: 43229

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (800) 292-0499 Toll Free # (NAC 639.708, NRS 639.23286): (800) 292-0499

Fax: (380) 215-3850 Contact Email: pharmacy@byblend.com

Website: blendpharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Daniel DiStefano

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 20941

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Daniel DiStefano	NV Pharmacist Registration #: 20941
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Blend Holdings, LLC

Corporation/Organization Name: By Blend LLC

Mailing Address: 6171 Huntley Rd, STE J

City: Columbus State: OH Zip: 43229

Telephone: (800) 292-0499 Email: pharmacy@byblend.com

Contact Person Name: Daniel DiStefano

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the ~~Member~~/President (title) for By Blend, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Daniel DiStefano

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

8/19/2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Daniel DiStefano hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the ~~member~~ / President (title) for By Blend LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 11 day of August, 2025

Elizabeth Cullinan
Notary Public

ELIZABETH CULLINAN
Notary Public, State of Ohio
Commission #: 2025-RE-885521
My Commission Expires 01-07-2030

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel DiStefano

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8/19/2025
Date

Board Use Only	Date Received: 9/2/25	Amount: $500

By Blend LLC Officers

Daniel Scott DiStefano, President and Secretary

[redacted]

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show BY BLEND LLC, a Delaware Limited Liability Company, Registration Number 5439158, was registered in the State of Ohio on July 11, 2025, is currently authorized to transact business in this state.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 6th day of August, A.D. 2025.

Ohio Secretary of State

Validation Number: 202521804290

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler By Blend LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 6171 Huntley Rd, STE J

City Columbus State OH Zip 43229

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (800) 292-0499 Website www.blendpharmacy.com

Licensing Company Email pharmacy@blendpharmacy.com

Section 2: Personal Information

First Daniel Middle _____ Last DiStefano

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Temple University			01/2016 to 05/2018	
Address		City	State	Zip
1801 N Broad St		Philadelphia	PA	19122
Diploma/Degree obtained, if any				
MBA in Marketing				
School Name			From - To (MM/YY – MM/YY)	
University of the Sciences in Philadelphia			08/2009 to 05/2015	
Address		City	State	Zip
600 S 43rd St		Philadelphia	PA	19104
Diploma/Degree obtained, if any				
Doctor of Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
University of the Sciences in Philadelphia			08/2009 to 05/2013	
Address		City	State	Zip
600 S 43rd St		Philadelphia	PA	19104
Diploma/Degree obtained, if any				
Bachelor of Science in Pharmaceutical Healthcare Studies				
School Name			From - To (MM/YY – MM/YY)	
Mainland Regional High School			09/2005 to 06/2009	
Address		City	State	Zip
1301 Oak Ave		Linwood	NJ	08221
Diploma/Degree obtained, if any				
High School				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/20 to Present	[redacted]			
11/19 to 11/20				
11/18 to 11/19				
04/18 to 11/18				
01/07 to 04/18				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
XeCare Pharmacy			10/20 to 04/22	
Business Address		**City**	**State**	**Zip**
9750 Innovation Campus Way		New Albany	OH	43054
Phone	**Title**		**Number of Employed Hours**	
(855) 918-4467	Director of Pharmacy/Pharmacist-in-Charge		2880	
Description of Duties				
Pharmacist-in-charge of operations				

Business Name			From - To (MM/YY – MM/YY)	
Curexa (EHT Pharmacy)			07/15 to 10/18	
Business Address		**City**	**State**	**Zip**
3007 Ocean Heights Ave		Egg Harbor Township	NJ	08234
Phone	**Title**		**Number of Employed Hours**	
(855) 927-0390	Pharmacist (Director --> VP)		6240	
Description of Duties				
Responsible for the oversight, management, and performance of 3 core business units within the pharmacy; specialty medicine, sterile/non-sterile compounding, and telemedicine fulfillment services.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Daniel DiStefano, **certify that as the designated representative for**

By Blend LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Daniel DiStefano

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/20/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel DIStefano

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/11/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Franklin

I, Daniel DiStefano, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/11/2025

Date

Subscribed and Sworn to before me this 11 day of August.

Elizabeth Cullinan

Notary Public Signature

ELIZABETH CULLINAN
Notary Public, State of Ohio
Commission #: 2025-RE-885521
My Commission Expires 01-07-2030

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site By Blend LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 6171 Huntley Rd, STE J

City Columbus State OH Zip 43229

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (800) 292-0499 Website www.blendpharmacy.com

Licensing Company Email pharmacy@blendpharmacy.com

Section 2: Personal Information

First Daniel Middle _____ Last DiStefano

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Temple University		01/2016 to 05/2018	
Address	City	State	Zip
1801 N Broad St	Philadelphia	PA	19122
Diploma/Degree obtained, if any			
MBA in Marketing			

School Name		From - To (MM/YY – MM/YY)	
University of the Sciences in Philadelphia		08/2009 to 05/2015	
Address	City	State	Zip
600 S 43rd St	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of the Sciences in Philadelphia		08/2009 to 05/2013	
Address	City	State	Zip
600 S 43rd St	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
Bachelor of Science in Pharmaceutical Healthcare Studies			

School Name		From - To (MM/YY – MM/YY)	
Mainland Regional High School		09/2005 to 06/2009	
Address	City	State	Zip
1301 Oak Ave	Linwood	NJ	08221
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
11/20 to Present				
11/19 to 11/20				
11/18 to 11/19				
04/18 to 11/18				
01/07 to 04/18				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
XeCare Pharmacy			10/20 to 04/22	
Business Address		**City**	**State**	**Zip**
9750 Innovation Campus Way		New Albany	OH	43054
Phone	**Title**			
(855) 918-4467	Director of Pharmacy/Pharmacist-in-Charge			
Description of Duties				
Pharmacist-in-charge of operations				

Business Name			From - To (MM/YY – MM/YY)	
Curexa (EHT Pharmacy)			07/15 to 10/18	
Business Address		**City**	**State**	**Zip**
3007 Ocean Heights Ave		Egg Harbor Township	NJ	08234
Phone	**Title**			
(855) 927-0390	Pharmacist (Director --> VP)			
Description of Duties				
Responsible for the oversight, management, and performance of 3 core business units within the pharmacy; specialty medicine, sterile/non-sterile compounding, and telemedicine fulfillment services.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel DiStefano

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/11/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Franklin

I, Daniel DiStefano, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/11/2025

Date

Subscribed and Sworn to before me this 11 day of August.

Elizabeth Cullinan

Notary Public Signature

ELIZABETH CULLINAN
Notary Public, State of Ohio
Commission #: 2025-RE-885521
My Commission Expires 01-07-2030

(Seal)

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836 | http://www.pharmacy.ohio.gov

License 0232000553

By Blend Llc

6171 Huntley Rd Ste J
Columbus, OH 43229-1047
Franklin County

Terminal - Pharmacy - Category 3

Compounding Inspection for Pharmacies

August 29, 2025

License 0232000553 - By Blend Llc

Full

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
http://www.pharmacy.ohio.gov

Completed by Alex Seminara
Start 8/29/2025 10:00 AM
End 8/29/2025 12:07 PM

Organization

Name
By Blend Llc

License Type
Terminal - Pharmacy - Category 3

Category

License Number
0232000553

Business Type
MO - Mail order

DEA Number

Responsible Person
Daniel DiStefano, R.Ph.

Hours of Operation

Contact

Address
6171 Huntley Rd Ste J
Columbus, OH 43229-1047
Franklin County

Primary Number
(609) 287-2496

Fax Number

Website

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Daniel DiStefano, R.Ph.			[redacted]		dan@byblend.com

1) General Operations and Information

1) Multiple inspection reports were generated during this inspection. A full report will include the following information:

Yes

Observation
See additional USP 800 Inspection Guide

2) The pharmacy intends to use this inspection as part of the NABP Multistate Pharmacy Inspection Blueprint Program.

Yes

3) Ohio State Board of Pharmacy Personnel Present at Inspection Include:

Observation
Compliance Specialist Alex Seminara
614-306-0616

4) Description of Business

Observation
This pharmacy provides non-sterile compounded preparations both hazardous and non-hazardous

5) Is the license current and on-site available for viewing at the time of inspection?

Yes

6) The pharmacy is licensed in other states.

No

7) The pharmacy is registered with the FDA as a repackager or 503B outsourcer?

No

8) The pharmacy is licensed as a wholesaler/outsourcing classification by the Ohio State Board of Pharmacy?

No

9) At all times a pharmacist provides supervision and control of dangerous drugs.

Yes

Observation
Discussed: Currently there is only one employee who is the owner, pharmacist, and responsible person.

10) Pharmacy staff are properly credentialed and performing duties within their scope of practice.

Yes

11) What is the approximate breakdown of products dispensed by the pharmacy

Observation
Discussed: Approximately 50% commercially manufactured doses and 50% compounded prescriptions. Of the compounded prescriptions, approximately 80% are non-sterile hazardous and 20% non-sterile, non-hazardous.

12) The pharmacy is appropriately staffed to conduct the practice of pharmacy in a safe and effective manner.

Yes

2) Security/Theft or Loss of Drugs

1) Is the security of the pharmacy drug stock adequate to detect and deter drug theft and diversion?

Yes

Observation

Pharmacy barricade established during July 2025 inspection. Observed: Key locked exterior locking doors are present. Keys are maintained by pharmacist only. One rolling style garage door present - locked by a cross bar on the interior of the building. Security system in place as secondary security measure

2) Dangerous drugs, exempt narcotics, hypodermics, poisons, D.E.A controlled substance order forms and records related to the practice of pharmacy are located inside the pharmacy barricade.

Yes

3) Are all records of accountability that are stored outside of the pharmacy barricade but within the same physical location secure and tamper evident?

Yes

4) Has the pharmacy experienced any drug thefts or losses in the last three (3) years?

No

5) Drug Theft or Loss Statement

Observation

Any theft or significant loss of drugs must be reported, by telephone, to the Board of Pharmacy and local law enforcement immediately upon discovery. If a controlled substance the DEA must be notified as well using a DEA-106 form.

3) Electronic Record Keeping Systems and Positive Identification

1) The pharmacy uses the following electronic record keeping system

Observation

Discussed: Uses a self developed dispensing software, named "Blend App". Surescripts certification has been obtained. Positive Identification is maintained by barcode. EPCS certification is pending

2) Positive identification of the pharmacist or pharmacists responsible for performing all activities relating to the practice of pharmacy is documented in accordance with rule.

Yes

4) Controlled Substances

1) The facility maintains controlled substances on-site.

Yes

2) The facility compounds using controlled substances.

Observation
Discussed: The only CS utilized is testosterone API. No Schedule 2 controlled substances are utilized

6) The facility maintains a record of all controlled substances received, dispensed, administered, sold or used.

Yes

7) The facility maintains a perpetual or running inventory of controlled substances on-hand.

Yes

8) Controlled substances awaiting destruction are maintained with appropriate security and control.

Yes

Observation
Observed: Accounted for in SOP CS9.01.01
Discussed: Chemical degradation jug present on site for CS disposal

9) Controlled substance destruction is conducted in accordance with OAC 4729:5-3-01.

Yes

Observation
Observed: SOP CS9.01.01 accounts for documentation via DEA Form 41 and required OAC documentation

10) The facility conducts a complete and accurate inventory of all controlled substances on-hand annually.

Yes

Observation
Discussed: Last CS inventory was July 2025

12) Compounded patient specific prescriptions containing controlled substances or other reportable drugs are reported to OARRS daily.

Yes

Observation
Discussed: Integration with Bamboo Health is ongoing. Manual reporting is currently utilized

5.1) Non-sterile compounding policies and procedures

1) The facility maintains comprehensive standard operating procedures that are reviewed and updated regularly.

Yes

Observation
Observed: Manual copy and electronic copy of SOP manual

5.2) Non-Sterile Compounding personnel training

1) The facility has an on-going training program that contains an annual review of USP 795 and all compounding policies and procedures.

Yes

Observation
Observed: Accounted for in SOP P2.02.01.
Discussed: Documentation of training kept on paper - when wet ink signature applied, and electronically

2) All personnel performing compounding have successfully completed a facility training program prior to compounding.

Yes

3) The facility implements a functional training program including but not limited to demonstrating employee competency in compounding, equipment use, product evaluation, packaging, storage, handling, dispensing, and hazardous drug procedures.

Yes

4) The facility has a training program in place for hazardous drug use which includes the storage, handling, and disposal of these drugs.

Yes

5) Personnel compounding hazardous drugs or chemicals have been informed, and have confirmed in writing that they understand the risks of handling hazardous drugs.

Yes

5.3) General Non-Sterile Compounding Information

1) The pharmacy compounds patient-specific non-sterile compounds pursuant to a prescription.

Yes

2) Types of prescription products compounded include:

Capsules
Liquids
Creams/Ointments
Inserts/Suppositories

4) The facility compounds with penicillin and non-penicillin beta-lactam drugs.

No

5) Compounded prescriptions represent essential copies of commercially available products.

No

6) References available for non-sterile compounding include:

Observation
Discussed: Library resources Fagron FACTS, Trissels, USP 795, USP 800, Ohio Drug Laws, Ansels, Goodman and Gilman, DiPiro's,

5.4) Non-Sterile Compounding Categories

1) The facility conducts the following types of compounding:

Simple Compounding
Moderate Compounding
Complex Compounding

2) The facility utilizes non-sterile hazardous drugs for compounding.

Yes

3) The facility compounds using controlled substances.

Yes

Observation
Compounds which utilized CS: Testosterone containing compounds

4) The facility compounds both human and veterinary products.

No

Observation
Discussed: Human compounding only

5.5) Non-Sterile Component Selection, Handling and Storage

1) The facility compounds using bulk powder active pharmaceutical ingredients.

Yes

Observation
The facility purchases bulk powder APIs from: Pharma Source Direct, Fagron

2) Active pharmaceutical ingredients are purchased directly from FDA registered manufacturers/repackagers or state licensed wholesalers.

Yes

3) The facility compounds using active pharmaceutical ingredients which are compliant with USP/NF monographs, are components of FDA approved human drug products, or are on the list of bulk drug substances for use in compounding as developed by the FDA.

Yes

4) The facility compounds using chemicals listed in the USP/NF or FCC.

Yes

Observation
Discussed: Excipients purchased are listed in the USP/NF

6) Compounds are prepared from ingredients that meet requirements of the compendial monograph for those individual ingredients for which monographs are provided.

Yes

Observation
Discussed: If formulation utilized originates from USP/NF, it will be labeled as such

7) The facility obtains, reviews and retains certificates of analysis (COAs) for all bulk APIs used in compounding.

Yes

8) APIs and other components are labeled for use in pharmaceutical compounding.

Yes

10) The facility has chemicals for compounding that are not of compendial quality.

No

11) The facility routinely checks the expiration date of chemicals used in compounding.

Yes

12) Components without manufacturer expiration dates are dated upon receipt and assigned a conservative expiration date.

Yes

Observation
For components that do not have expiration dates assigned by the manufacturer or supplier, the compounder shall label the container wish the date of receipt and assign a conservative expiration date, not to exceed three years after receipt, of the component based on the nature of the component and its degradation mechanism, the container in which it is packaged, and the storage containers.

See General Notices and Requirements, Preservation, Packaging, Storage and Labeling, Labeling, Expiration Date and Beyond-Use Date)

13) APIs are repackaged into smaller containers for ease of use.

No

14) The facility performs testing on APIs in house, or at an outside lab.

Yes

Observation
Discussed: Eagle and ARL are the vendors utilized

15) The facility compounds using non-sterile components intended for use as a dietary or nutritional supplement.

No

16) The compounder has readily available a list of components that have been withdrawn or removed from the market for safety or efficacy reasons.

Yes

17) The facility has Safety Data Sheets on file.

Yes

5.6) Non-Sterile Packaging and Preparation Containers

1) Containers and container closures used in packaging and compounding preparations meet USP requirements.

Yes

2) Prescriptions compounded and packaged for outpatients are labeled in accordance with OAC 4729:5-5-16, OAC 4729:7-2-03, and contain the statement "Compounded Drug Product" prominently on the label.

Yes

3) Prescriptions compounded and packaged for inpatients are labeled in accordance with OAC 4729:5-9-02.8

Yes

4) Compounded prescriptions prepared in anticipation of a prescription drug order are labeled in accordance with OAC 4729:7-2-03

Yes

5.7) Non-Sterile Compounding Environment

1) The facility has adequate space that is specifically designated for compounding of prescriptions?

Yes

2) The compounding area is clean, orderly, sanitary, and in a good state of repair.

Yes

3) The facility has adequate hand washing areas and supplies.

Yes

4) The facility utilizes purified water for compounding non-sterile drug preparations when formulas indicate the inclusion of water.

Yes

Observation
Observed: Reverse osmosis units available in both the HD and non-HD labs

5) The Facility utilizes purified water for rinsing equipment and utensils.

Yes

6) Components, equipment and containers are stored off the floor, and handled to prevent contamination.

Yes

7) The facility monitors temperature and humidity of the compounding area.

Yes

Observation
Observed: Sonicu monitoring units in all appropriate areas

9) Environmental testing of non-sterile compounding areas and other areas of the pharmacy are conducted on a routine basis.

Yes

Observation
Discussed: Cleaning validations will be conducted per each API will occur - utilizes Eagle Analytical

5.8) Non-Sterile Compounding Equipment

1) Equipment and utensils used in compounding are of appropriate design, composition and capacity.

Yes

2) The facility has the following types of compounding equipment:

Balance- Torsion or Electronic
Powder Hood
Graduates
Calibrated Syringes
Micro pipettes
Spatulas- Stainless and plastic
Suppository Molds
Troche Molds

Observation
Electronic mortar and pestle and homogenizer also present

3) Automated, mechanical and electronic equipment are routinely inspected and calibrated.

Yes

Observation
Discussed: Integra CE inspects and calibrates hoods and HD room. Manufacturer for balances are certified for IQ and auto calibration. Sonicu sends certified sensors when due

4) Scales, balances and other equipment used for measurement are validated and calibrated at least annually.

Yes

5) Powder hoods used for non-sterile compounding are certified or tested periodically.

Yes

6) The facility has dedicated equipment for use when compounding preparations that require special precautions.

Yes

Observation
Discussed: All HD room equipment is dedicated to HD Room

7) Equipment is cleaned after use and inspected prior to next use to assure suitability for use.

Yes

8) Cleaning and maintenance records are maintained for equipment used in the compounding process.

Yes

5.9) Non-Sterile Compounding Process

1) All drugs compounded in a pharmacy comply with Section 503A of the Federal Food, Drug, and Cosmetic Act.

Yes

2) The pharmacist is accountable at every point in the system between receipt of the order for a drug and the final delivery for administration or use by the patient.

Yes

3) Pharmacy technicians do not engage in any procedures requiring professional judgment.

Yes

4) Prescriptions were observed compounded and dispensed pursuant to specific orders for individual patients issued by a prescriber.

Yes

5) Only one preparation is compounded at a time.

Yes

6) Master formula records were obtained and reviewed by the compounder prior to compounding.

Yes

7) Systems are in place to identify compound ingredients and quantities prior to compounding.

Yes

8) Containers selection is determined by the physical and chemical properties of the preparation.

Yes

12) The compounding area is cleaned after the completion of each compound.

Yes

Observation
Discussed: IPA 70% and alconox are utilized

5.10) Non-Sterile Compounding Documentation and Record Keeping

1) The facility compounds preparations in accordance to manufacturer's labeling instructions.

No

2) The facility stores all drug doucments on-site for 3 years, or has permission from the Ohio State Board of Pharmacy to store drugs at an approved off-site location.

Yes

3) The facility has available master formulas for all compounded preparations.

Yes

4) The facility has available a compounding record for each compound made.

Yes

5.11) Non-Sterile Compounding Stability Criteria and Beyond-Use Dating

1) Non-In the absence of stability information, the compounder assigns beyond-use dates in accordance with USP 795 guidelines.

Yes

2) The facility assigns beyond-use dates by consulting drug specific stability information, general stability information, and available literature when assigning beyond-use dates outside of USP 795 guidelines.

Yes

3) The facility extends beyond-use dates based on supported testing.

No

Observation
Discussed: Not currently utilizing extended BUD based on testing. Currently utilizing BUD as documented on MFR

4) Susceptible preparations are compounded with suitable antimicrobial agents.

Yes

5.12) Non-Sterile Product Checks, Releases and Tests

1) A pharmacist checks all compounded products prior to dispensing and documents this check with positive identification.

Yes

2) The facility has a process conducted on compounded products to ensure uniformity and product integrity.

Yes

3) Processes are in place to document and investigate products that fail uniformity and integrity standards.

Yes

4) Recall procedures in in place in the event a dispensed product fails testing.

Yes

5) Preparations are stored properly prior to dispensing based on the conditions upon which the BUD was assigned.

Yes

6) Batch compounds prepared in advance of need are examined after compounding and again prior to dispensing for signs of instability.

Yes

7) Does the facility have a program to document and monitor complaints received from patients and/or prescribers regarding compounded products?

Yes

5.13) Non-Sterile Hazardous Drug Compounding

1) Hazardous drug compounding is performed in a ventilated cabinet such as a BSC, CAI or CACI located in a secondary engineering control.

Yes

Observation
Observed: C-PEC has redundant-HEPA filters in series

2) Hazardous drugs were observed appropriately received, handled and stored.

Yes

Observation
Observed: HD drugs stored separately on shelves with lips, separate from non HD drugs, in room that is externally vented

3) Disposal of hazardous drugs complies with applicable federal and state regulations.

Yes

Observation
Discussed: HD waste is managed by Stericycle

4) Custodial staff have been trained on the removal of hazardous waste.

Yes

9) Drugs Compounded in a Pharmacy (OAC 4729:7-2-03)

1) The pharmacy compounds non-sterile drug products which are exempted from USP 795.

No:

2) The pharmacy compounds non-exempted non-sterile drug preparations which must comply with USP 795.

Yes

Observation
Refer to USP 795 inspection section to review USP 795 compliance

3) The pharmacy compounds sterile drug preparations which are not exempted from the requirements of OAC 4729:7.

No

5) The pharmacy compounds with non-antineoplastic hazardous drugs listed in NIOSH table 1, and/or compounds with hazardous drug preparations listed in NIOSH table 2 or 3.

Yes

6) How does the pharmacy comply with OAC 4729:7-2-03 for non-antineoplastic compounded hazardous drug preparations listed in NIOSH table 1 and/or for compounded hazardous drug products listed in NIOSH table 2 or 3?

Complies with USP 800 (Additional Inspection Required)
Conducts a risk assessment (Additional Inspection Required)

7) Do risk assessments for non-antineoplastic hazardous drug preparations listed in NIOSH 1 and/or compounded hazardous drug products listed in NIOSH table 2 or 3 contain the required information?

Yes: Risk assessments were readily retrievable for review by board agents.

Yes: Pharmacy staff document a review of risk assessments at least every 12-months

Yes: Risk assessments consider the type of drug (e.g., non-antineoplastic or reproductive risk only).

Yes: Risk assessments consider the drug dosage form.

Yes: Risk assessments consider the risk of exposure.

Yes: Risk assessments consider drug packaging.

Yes: Risk assessments consider drug product manipulation.

8) Is the pharmacy compliant with 21 U.S. Code 353a- Pharmacy Compounding

Yes

9) Appropriate personnel engage in compounding at a pharmacy.

A pharmacist.

10) Is a pharmacist responsible for compounded drug preparations?

Yes: A pharmacist conducts the final check of a compounded drug preparation.

Yes: A pharmacist is responsible for dispensing compounded drug preparations.

Yes: A pharmacist maintains all compounding records.

Yes: A pharmacist is responsible for the proper maintenance, cleanliness and use of all equipment used in compounding.

Observation

See OAC 4729:7-2-04 for compounding record compliance.

11) Are drugs compounded pursuant to a patient specific prescription issued by a licensed health professional authorized to prescribe drugs?

Yes

12) The pharmacy compounds a limited quantity of drug in anticipation of a patient specific prescription based on routine, regularly observed prescribing patterns.

Yes

Observation

Not observed during inspection, but addressed in SOP

13) Labels for drugs compounded in anticipation of a patient specific prescription contain the required information.

Yes: Labels contain the drug name, strength and quantity of each active ingredient used in the compounded drug preparation.

Yes: Labels contain the pharmacy control number

Yes: Labels contain an assigned beyond-use date

Yes: labels contain the identification of the repackager or outsourcing facility by name, by the final seven digits of its terminal distributor of dangerous drugs license number, or any other board approved identifier.

Yes: Labels contain the statement "Compounded Drug" or similar statement prominently on the label.

Observation

Not observed during inspection, but addressed in SOP

15) Compounded drugs are labeled for outpatients in accordance with OAC 4729:5-5-06 and include the statement "Compounded Drug" or other similar statement.

Yes: Compounded drugs dispensed to outpatients contain the statement "compounded drug" or similar statement

Yes: Labels contain the name and address of the pharmacy as it appears on the TDDD license

Yes: Labels contain the full name of the patient, or if an animal, the last name of the owner, the animal name and species.

Yes: Labels contain the directions for use of the drug

Yes: Labels contain the date of dispensing.

Yes: Labels contain any cautions required by federal law

Yes: Labels contain the serial number of the prescription

Yes: Labels contain the proprietary name, if any, or the generic name and the name of the distributor or national drug code of the drug dispensed, and the strength, if more than one strength of the drug is marketed. The dispensing pharmacist may omit the name and strength of the drug only if the prescriber specifically requests omission and such request is documented; and

Yes: Labels contain the quantity of the drug dispensed

17) The pharmacy maintains a system for the safe disposal of drug waste.

Yes:

18) The pharmacy complies with the drug database reporting requirements for compounded drugs.

Yes: OARRS reportable compounded patient specific drugs are reported to OARRS within 24-hours of being dispensed.

19) The pharmacy reports to the board within 72-hours upon discovery any product quality issue attributed to a compounded drug preparation dispensed by the pharmacy.

No. The pharmacy has not experienced any reportable product quality issues, but understands the reporting requirements.

20) The pharmacy reports to the board within 72-hours of receipt any warning letters, injunctions, or decrees issued in relation to the pharmacy by the FDA.

No: The pharmacy has not received a warning letter, injunction or decree from the FDA, but understands the reporting requirement.

11) *Record Keeping For Compounding

1) Records of drugs compounded in a pharmacy include all of the following required elements.

Records contain the patient name

Records contain the drug name, strength or activity, and dosage form

Records contain the assigned internal identification number (e.g., Rx number)

Records contain the date and time of preparation

Records contain the name of each ingredient

Records contain the vendor, lot number, and expiration date for each ingredient for compounded drug preparations prepared for more than one patient and for any sterile compounded product prepared from nonsterile ingredients

Records contain the weight or volume of each ingredient

Records contain the total quantity compounded

Records contain the disposition of unused controlled substances drug(s), and amount

Records contain the positive identification of the pharmacy personnel responsible for preparing the compounded drug preparation

Records contain the positive identification of the pharmacist conducting the final check of the compounded preparation

Records contain the positive identification of the pharmacist who dispensed the compounded drug preparation

2) Compounding records are readily retrievable and uniformly maintained for at least 3 years.

Yes, records are readily retrievable

Yes; records are uniformly maintained

Yes; records are maintained for at least 3 years

3) Records are maintained on-site for at least 3 years.

Yes; records are kept on-site for 3 years

20) Inspection Affirmation

1) Inspection Affirmation

Observation

As the on-duty pharmacist, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 30 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required. Responses can be emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or they may be mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

No Issue Found

Reviewed by Daniel DiStefano, R.Ph. _____

(signature)

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836 | http://www.pharmacy.ohio.gov

License 0232000553

By Blend Llc

6171 Huntley Rd Ste J
Columbus, OH 43229-1047
Franklin County

Terminal - Pharmacy - Category 3

USP 800 and 825 Inspection

August 29, 2025

License 0232000553 - By Blend Llc

Full

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
http://www.pharmacy.ohio.gov

Completed by Alex Seminara
Start 8/29/2025 12:10 PM
End 8/29/2025 12:48 PM

Organization

Name
By Blend Llc

License Type
Terminal - Pharmacy - Category 3

Category

License Number
0232000553

Business Type
MO - Mail order

DEA Number

Responsible Person
Daniel DiStefano, R.Ph.

Hours of Operation

Contact

Address
6171 Huntley Rd Ste J
Columbus, OH 43229-1047
Franklin County

Primary Number
(609) 287-2496

Fax Number

Website

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Daniel DiStefano, R.Ph.			[redacted]		dan@byblend.com

1) *Initial Inspection Information

1) Personnel conducting inspection

Observation
Compliance Specialist Alex Seminara

2) Were multiple inspection guides used during this inspection?

Yes

Observation
A complete copy of this inspection will include: Compounding Inspection for Pharmacies

Any copy of this inspection is considered incomplete if all documents listed are not available for review.

4) *Does the TDDD have a valid registration issued by the Drug Enforcement Administration?

Yes

5) Is the Responsible Person present during the inspection?

Yes

6) Does the TDDD distribute dangerous drugs outside of Ohio?

No

Observation
Discussed: Intent is to distribute out of state when licensed to do so

7) Does the TDDD ensure all individuals are acting within their scope of practice?

Yes

3.1) Definitions – pharmacy compounding (OAC 4729:7-2-01)

1) Does the pharmacy compound?

Yes: Non-sterile Compounding
Yes: Hazardous Compounding

3.3) Drugs compounded in a pharmacy (OAC 4729:7-2-03)

1) Does the pharmacy compound non-sterile drug products?

Yes: The pharmacy compounds non-sterile drug products and must be in compliance with USP<795>

2) Does the pharmacy compound sterile drug products?

No

3) Does the pharmacy compound antineoplastic hazardous drug preparations listed in table 1 of the NIOSH list?

No.

4) Does the pharmacy compound non-antineoplastic hazardous drugs listed in NIOSH table 1, and/or compounds with hazardous drug preparations listed in NIOSH table 2 or 3?

Yes.

5) How does the pharmacy comply with OAC 4729:7-2-03 for non-antineoplastic compounded hazardous drug preparations listed in NIOSH table 1 and/or for compounded hazardous drug products listed in NIOSH table 2 or 3?

Pharmacy states it complies with USP 800

Pharmacy states it conducts a risk assessment

6) Do risk assessments for non-antineoplastic hazardous drug preparations listed in NIOSH 1 and/or compounded hazardous drug products listed in NIOSH table 2 or 3 contain the required information?

Yes: Risk assessments were readily retrievable for review by board agents

Yes: Pharmacy staff document a review of risk assessments at least every 12-months

Yes: Risk assessments consider the type of drug (e.g., non-antineoplastic or reproductive risk only)

Yes: Risk assessments consider the drug dosage form

Yes: Risk assessments consider the risk of exposure

Yes: Risk assessments consider drug packaging

Yes: Risk assessments consider drug product manipulation

Yes: Employees of reproductive capability confirm in writing that they understand the potential risks of handling drugs

8) Do only appropriate personnel engage in compounding at a pharmacy?

Yes: Pharmacist

9) Is a pharmacist responsible for compounded drug preparations?

Yes: A pharmacist conducts the final check of a compounded drug preparation

Yes: A pharmacist is responsible for dispensing compounded drug preparations

Yes: A pharmacist maintains all compounding records

Yes: A pharmacist is responsible for the proper maintenance, cleanliness and use of all equipment used in compounding

10) Are drugs compounded pursuant to a patient specific prescription issued by a licensed health professional authorized to prescribe drugs?

Yes.

11) Does the pharmacy compound a limited quantity of drug in anticipation of a patient specific prescription based on routine, regularly observed prescribing patterns?

Yes.

12) Are labels for drugs compounded in anticipation of a patient specific prescription contain the required information?

Yes: Contain the drug name, strength and quantity of each active ingredient used in the compounded drug preparation

Yes: Contain the pharmacy control number

Yes: Contain an assigned beyond-use date

Yes: Contain the identification of the repackager or outsourcing facility by name, by the final seven digits of its terminal distributor of dangerous drugs license number, or any other board approved identifier.

Yes: Contain the statement "Compounded Drug" or similar statement prominently on the label

Observation
As identified in previous inspection

13) Reminder: Compounded drugs are labeled for inpatients in accordance with OAC 4729:5-9-02.8

14) Do compounded drugs labeled for outpatients include the additional labeling requirements of the rule?

Yes: Contains the statement "compounded drug" or similar statement

Yes: Contains the name and address of the pharmacy as it appears on the TDDD license

Yes: Contains the full name of the patient, or if an animal, the last name of the owner, the animal name and species.

Yes: Contains the directions for use of the drug

Yes: Contains the date of dispensing

Yes: Contains any cautions required by federal law

Yes: Contains the serial number of the prescription

Yes: Contain the proprietary name, if any, or the generic name and the name of the distributor or national drug code of the drug dispensed, and the strength, if more than one strength of the drug is marketed. The dispensing pharmacist may omit the name and strength of the drug only if the prescriber specifically requests omission and such request is documented

Yes: Contain the quantity of the drug dispensed

15) Does the pharmacy receive schedule II controlled substance narcotic prescriptions by facsimile?

No

16) Does the pharmacy maintain a system for the safe disposal of drug waste?

Yes

17) Does the pharmacy comply with the drug database reporting requirements for compounded drugs?

Yes: OARRS reportable compounded patient specific drugs are reported to OARRS within 24-hours of being dispensed

18) Does the pharmacy report to the board within 72-hours upon discovery any product quality issue attributed to a compounded drug preparation dispensed by the pharmacy?

No: The pharmacy has not experienced any reportable product quality issues, but understands the reporting requirements.

19) Does the pharmacy report to the board within 72-hours of receipt any warning letters, injunctions, or decrees issued in relation to the pharmacy by the FDA?

No: The pharmacy has not received a warning letter, injunction or decree from the FDA, but understands the reporting requirement.

3.4) Record keeping (OAC 4729:7-2-04)

1) Do records of drugs compounded in a pharmacy include all of the required elements?

Yes: Includes the patient name

Yes: Includes the drug name, strength or activity, and dosage form

Yes: Includes the assigned internal identification number (e.g., prescription, order, lot number)

Yes: Includes the date and time of preparation

Yes: Includes the name of each ingredient

Yes: Includes the vendor, lot number, and expiration date for each ingredient for compounded drug preparations prepared for more than one patient and for any sterile compounded product prepared from nonsterile ingredients

Yes: Includes the weight or volume of each ingredient

Yes: Includes the total quantity compounded

Yes: Includes the disposition of unused controlled substances drug(s), and amount

Yes: Includes the assigned beyond-use date

Yes: Inlcudes the positive identification of the pharmacy personnel responsible for preparing the compounded drug preparation

Yes: Includes the positive identification of the pharmacist conducting the final check of the compounded preparation

Yes: Includes the positive identification of the pharmacist who dispensed the compounded drug preparation

Yes: Includes records that are compliant to USP 795, 797 and 800 requirements

2) Compounding records are readily retrievable and uniformly maintained for at least 3 years.

Yes, records are readily retrievable

Yes; records are uniformly maintained

Yes; records are maintained for at least 3 years

3) Are all records maintained for at least 3 years?

Yes: Records are kept on-site for 3 years

4) Does the pharmacy have documentation for off-site record storage approval?

Not Applicable: All records maintained on site

3.5) Drugs compounded for veterinarian office use (OAC 4729:7-2-05)

1) Does the pharmacy compound drugs intended for animal use by licensed veterinarians?

No

3.6.2) List of Hazardous Drugs

1) Does the facility maintain a list of hazardous drugs?

Yes, the list contains items on the current NIOSH list that the facility handles.

Yes: The list is reviewed every 12-months.

Yes: The list is reviewed whenever a new agent or dosage form is used.

2) Information- Criteria to identify hazardous drugs.

Yes

Observation
USP 800 | Effective 07/01/2020
The NIOSH list of antineoplastic and other HDs provides the criteria used to identify HDs. These criteria must be used to identify HDs that enter the market after the most recent version of the NIOSH list, or that the entity handles as an investigational drug. If the information available on a drug is deemed insufficient to make an informed decision, consider the drug hazardous until more information is available.

3) Does the facility stock drugs on the NIOSH list that must follow the requirements of this chapter?

Yes. The facility stocks hazardous drug APIs.

5) Does the facility perform a risk assessment for dosage forms of other HDs on the NIOSH list?

Yes. Risk assessments are performed to determine alternative containment strategies and work practices for dosage forms other than HDs on the NIOSH list.

6) Do assessments of risk contain the minimum required information?

Yes. Assessments of risk consider the type of HD. (antineoplastic, reproductive risk only, etc.)

Yes. Assessments of risk consider the product dosage form.

Yes. Assessments of risk consider the risk of exposure.

Yes. Assessments of risk consider the product packaging.

Yes. Assessments of risk consider the product manipulation.

7) ASSESSMEMT OF RISK: Does the facility document alterative work practices to minimize occupational exposure.

Yes. The risk assessments document alternative containment strategies.

Yes. The risk assessments document alterative work practices.

Yes. There is documentation that risk assessments are reviewed at least every 12 months.

3.6.4) Responsibilities of Personnel Handling Hazardous Drugs

1) Does the facility have a designated person who oversees compliance with USP 800?

Yes. The designated person is qualified and trained.

Yes. The designated person develops and implements appropriate procedures.

Yes. The designated person oversees compliance with USP 800 and applicable laws/rules.

Yes. The designated person ensures competency of personnel.

Yes. The designated person ensures environmental control of the storage and compounding areas.

Yes. The designated person is responsible for risk prevention policies.

Yes. The designated person is responsible for oversight of facility monitoring.

Yes. The designated person is responsible for maintaining reports of testing/sampling performed in the facility.

Yes. The designated person is responsible for acting on the results of facility testing/sampling.

2) Do personnel who handle HDs understand the fundamental practices and precautions in the work environment?

Yes. Personnel continually evaluate HD procedures.

Yes. Personnel continually evaluate the quality of HDs.

Yes. Personnel continually minimize personnel exposure.

Yes. Personnel continually minimize contamination of the work environment.

Yes. Personnel continually minimize contamination of patient-care environments.

3.6.5.1) General Provisions

1) Does the facility have signs prominently displayed before the entrance to the HD handling areas?

Yes. Signs are posted at the entrance to HD handling areas.

Yes. Access to HD handling areas is restricted to authorized personnel.

Yes. HD handling areas are located away from breakrooms and refreshment areas for personnel, patients, or visitors.

2) Does the facility have designated areas for HD handling?

Yes. There are designated areas for HD receipt and unpacking.

Yes. There are designated areas for storage of HDs.

Yes. There are designated areas for nonsterile HD compounding.

3) Does the facility have uninterrupted power sources for negative pressure ventilation systems?

Yes. HD ventilation systems have uninterrupted power sources.

3.6.5.2) Reciept

1) Does the facility unpack HD drugs in an appropriate space?

Yes. HD drugs are unpacked in a negative pressure area (relative to surrounding areas.)

3.6.5.3) Storage

1) Are HDs stored in a manner that prevents spillage?

Yes.

3.6.5.4.1) General Provisions

2) Are sterile and non-sterile HDs compounded within a C-PEC located in a C-SEC?

Yes. The C-SEC is externally vented.

Yes. The C-SEC is physically separated from other preparation areas.

Yes. The C-SEC has an appropriate ACPH (30 ACPH)

Yes. The C-SEC has a negative pressure between 0.01 and 0.03 inches of water column relative to all adjacent areas.

3) Does the C-PEC operate continuously?

Yes. The C-PEC operates continually.

4) Does the facility properly manage power losses to the C-PEC?

Yes. If there is a loss of power all activities occurring in the C-PEC are suspended immediately.

Yes. If the C-PEC is repaired or moved all activities occurring in the C-PEC are suspended immediately.

Yes. If there is a loss of power the Cp-0PEC is covered per manufacturer directions.

Yes. When power is restored the C-PEC is decontaminated, cleaned and disinfected before resuming compounding.

Yes. When power is restored compounding does not resume until the manufacturer specified recovery time has passed.

5) Are water sources and drains appropriately placed and available for use?

Yes. A sink is available for hand washing.

Yes. An eyewash station and/or other emergency safety precautions is readily available.

Yes. Water sources and drains do not interfere with required ISO classifications.

Yes. Water sources and drains are located at least 1 meter away from the C-PEC.

3.6.5.4.2) Nonsterile Compounding

2) Are C-PECs used for nonsterile HD manipulation meet USP 800 specifications?

Yes. C-PECs have redundant HEPA filters in series.

Yes. The C-PEC is a Containment Ventilated Enclosure.

Note: A C-PEC used only for nonsterile compounding does not require unidirectional airflow. The critical environment does not need to be ISO classified.

3) Is the C-PEC placed in a C-SEC that has at least 12 ACPH?

No.

3.6.5.5) Containment Supplemental Engineering Controls

1) Does the facility use CTSDs for compounding and/or administration?

Yes. The facility uses CTSDs for HD compounding when the dosage form allows.

3.6.6) Environmental Quality and Control

1) Does the facility perform environmental wipe sampling?

Yes. Surface wipe sampling includes the interior of the C-PEC.

Yes. Surface wipe sampling includes surfaces in staging or work areas near the C-PEC.

Yes. Surface wipe sampling includes areas adjacent to C-PECs (e.g., floors directly under the C-PEC and dispensing areas).

2) Are wipe sampling kits verified before use?

Yes. Wipe sampling kits are verified to ensure the method and reagent used have been tested to recover a specific percentage of known marker drugs from various surface types.

3) Does the facility have a plan of action if measurable contamination is found?

Yes. The designated person identifies measurable contamination levels.

Yes. The designated person documents measurable contamination.

Yes. The designated person contains the cause of measurable contamination.

3.6.7) Personal Protective Equipment

1) Does the facility reuse PPE?

Yes. Reusable PPE is decontaminated and cleaned after use.

2) Does the facility have SOPs for PPE based on risk exposure and activities performed?

Yes. Gowns, head, hair, shoe covers, and two pairs of chemotherapy gloves are required for compounding sterile and nonsterile HDs.

Yes. Two pairs of chemotherapy gloves are required for administering injectable antineoplastic HDs.

Yes. Gowns worn during administration of antineoplastic HDs are shown to resist permeability by HDs

Yes. SOPs describe the appropriate PPE based on the assessment of risk.

3) Do SOPs for PPE include all HD handling?

Yes. SOPs include handling of HDs during receipt.

Yes. SOPs include handling of HDs during storage.

Yes. SOPs include handing of HDs during transport.

Yes. SOPs include handling of HDs during compounding (sterile and nonsterile).

Yes. SOPs include handling of HDs during administration.

Yes. SOPs include handling of HDs during deactivation/contamination, cleaning and disinfecting.

Yes. SOPs include handling of HDs during spill control.

Yes. SOPs include handling of HDs during waste disposal.

4) GLOVES: Does the facility where appropriate gloves at appropriate times?

Yes. Chemotherapy gloves are ASTM Standard D69878 (or its successor).

Yes. Chemotherapy gloves are worn for handling all HDs, including non-antineoplastic and reproductive risk only HDs.

Yes. Chemotherapy gloves are powder free.

Yes. Chemotherapy gloves are inspected for physical defects before use.

Yes. Chemotherapy gloves are not used if they have physical defects (pin holes/weak spots).

Yes. Hands are washed after removing gloves.

5) GOWNS: Does the facility use gowns of appropriate composition?

Yes. Gowns are disposable.

Yes. Gowns are shown to resist permeability by HDs.

Yes. Gowns close in the back.

Yes. Gowns are long sleeved with closed cuffs that are elastic or knit.

Yes. Gowns do not have seams or closures that could allow HDs to pass through.

6) GOWNS: Does the facility have a policy for washing non-disposable clothing contaminated with HD residue?

Yes. Potentially contaminated clothing is not taken home under any circumstances.

7) GOWNS: Are gowns worn and changed at appropriate intervals?

Yes. Gowns are changed per the manufacturer's information for permeation of the gown.

Yes. If permeation information is unavailable, gowns are changed every 2-3 hours.

Yes. Gowns are changed immediately after a spill or splash.

Yes. Gowns worn in HD handling areas are not worn to other areas of the facility.

8) SHOE COVERS: Does the facility use shoe covers and disposable sleeves appropriately?

Yes. The facility staff wear double shoe covers.

Yes. The second pair of shoe covers is donned before entering the C-SEC

Yes. The second pair of shoe covers are doffed when exiting the C-SEC.

Yes. Shoe covers worn in HD handling areas are not worn in other areas.

10) EYE AND FACE PROTECTION: Does the facility use appropriate eye protection?

Yes. Appropriate eye protection is worn when there is a risk for spills or splashes of HDs or HD waste materials when working outside the C-PEC

Yes. Full facepiece respirators are available to provide eye and face protection.

Yes. Goggles are used when eye protection is needed.

Yes. Face shields in combination with goggles are used to provide a full range of face protection.

11) RESPIRATORY PROTECTION: Does the facility use appropriate respiratory protection?

Yes. Personnel who are unpacking HDs that are not contained in plastic wear an elastomeric half-mask with a multi-gas cartridge and P100-filter until assessment of the packaging integrity is made.

Yes. N95 surgical respirators are used to provide a barrier to splashes, droplets, and sprays around the nose and mouth.

Yes. N95 respirators are fit-tested NIOSH-certified.

Yes. Employees have been trained to use respiratory protection according to OSHA requirements (29 CFR 1910.134)

12) DISPOSAL OF USED PPE: Does the facility properly dispose of worn PPE?

Yes. All PPE worn when handling HDs is considered contaminated with trace quantities of HDs.

Yes. All worn HD PPE is placed in an appropriate waste container and disposed of per local, state and federal guidelines.

Yes. PPE worn during compounding is disposed of in the proper waste container before leaving the C-SEC.

3.6.8) Hazard Communication Program

1) Has the facility established policies and procedures to ensure worker safety during all aspects of HD handling?

Yes. SOPs ensure effective training for HD labeling.

Yes. SOPs ensure effective training for HD transport.

Yes. SOPS ensure effective training for HD storage.

Yes. SOPs ensure effective training for HD disposal.

Yes. SOPs ensure effective training in the use of Safety Data Sheets (SDS).

2) Does the hazard communication program contain all required plan elements?

Yes. The hazard communication plan describes how the standard will be implemented.

Yes.. The hazard communication requires all containers of hazardous chemicals to be labeled, tagged or marked with the identity of the material and appropriate hazard warnings.

Yes. The hazard communication plan requires the entity to have an SDS for each hazardous chemical used.

Yes. The hazard communication plan ensures SDSs are readily accessible to personnel during their work shift and when they are in their work areas.

Yes. Individuals who may be exposed to hazardous chemicals when working are provided information and training before beginning work with HDs, and whenever the hazard changes.

Yes. Personnel of reproductive capability confirm in writing that they understand the risks of handling HDs.

3.6.9) Personnel Training

1) Are employees appropriately trained to handle HDs?

Yes. Personnel handling HDs are trained based on their job function.

Yes. Training occurs before the employee independently handles HDs.

Yes. The effectiveness of training is demonstrated by the employee.

Yes. Personnel competencies are reassessed at least every 12-months.

Yes. Personnel are trained prior to the introduction of a new HD or new equipment.

Yes. Personnel are trained prior to the introduction of, or significant changes in a process or SOP.

Yes. HD training and competency assessment are documented.

2) Does the HD training program contain all required elements?

Yes. The program contains an overview of the entities list of HDs and their risks.

Yes. the program contains a review of the entities SOPs related to the handling of HDs

Yes. The program contains the proper use of PPE.

Yes. The program contains the proper use of equipment and devices (e.g., engineering controls).

Yes. The program reviews how to respond to known or suspected HD exposure.

Yes. The program covers spill management.

Yes. The program covers the proper disposal of HDs and trace-contaminated materials.

3.6.10) Receiving

1) Does the facility SOP for receiving HDs contain all required elements?

Yes. HDs received from the supplier are immediately delivered to the HD storage area after unpacking?

Yes. PPE including chemotherapy gloves are worn when unpackaging HDs.

Yes. A spill kit is accessible in the receiving area.

2) Does the facility appropriately handle shipping containers which appear damaged?

Yes. If the shipping container appears damaged the facility seals the container without opening it and contacts the supplier.

Yes. If the unopened package is to be returned to the supplier, the package is enclosed in an impervious container and the outer container is labeled as hazardous.

Yes. If the supplier declines the return, the drug is disposed as hazardous waste.

4) Where does the facility open damaged shipping containers?

No.

Observation

SOP HD 10.04.01 indicates that damaged shipping containers are not to be opened

5) Are damaged packages or shipping cartons segregated in a negative pressure area?

Yes. Damaged packages or shipping cartons waiting to be returned to the supplier are stored in a designated negative pressure area.

3.6.11) Labeling, Packaging, Transport, and Disposal

1) Does the facility have an SOP for labeling, packaging, transport, and disposal of HDs?

Yes. SOPs address the prevention of accidental exposures or spills.

Yes. SOPs address personnel training on response to exposure.

Yes. SOPs address the use of a spill kit.

2) Are HDs identified as requiring special handling precautions clearly labeled?

Yes. HDs requiring special handling precautions are clearly labeled at all times during their transport.

Yes. Labeling processes for compounded preparations do not introduce contamination into the non-HD handling areas.

3) Are packaging containers and materials for HD transport appropriate?

Yes. Packaging materials maintain the physical integrity of HDs during transport.

Yes. Packaging materials maintain stability of HDs during transport.

Yes. Packaging materials maintain the sterility of HDs during transport.

Yes. Packaging materials protect the HD from damage, or leakage during transport.

Yes. Packaging materials protect the HD from degradation during transport.

Yes. Packaging materials protect the healthcare worker transporting HDs.

4) Does the facility have SOPs for materials used to transport HDs?

Yes. SOPs describe appropriate shipping containers.

Yes. SOPs describe insulating materials used for transport.

Yes. SOPs are based on information from product specifications, vendors, and mode of transport.

5) Are HDs that need to be transported labeled, stored and handled appropriately?

Yes. HDs requiring transport are handled in accordance with applicable federal, state and local regulations.

Yes. HDs are transported in containers that minimize the risk of breakage or leakage.

6) Are HDs shipped to locations outside the facility appropriately?

Yes. The transportation information on the SDS is consulted for HDs shipped outside the facility.

Yes. The facility ensures that labels and accessory labeling includes storage instructions.

Yes. The facility ensures that labels and accessory labeling includes disposal instructions.

Yes. The facility ensures HD category information is provided in a format consistent with the carrier's policies.

3.6.12) Dispensing Final Dosage Forms

1) Does the facility dispensed HDs that do not require any further manipulation other than counting or repackaging of final dosage forms?

Yes. No further requirements for containment are required.

Yes. If required by the manufacturer additional containment requirements are implemented.

Yes. If visual indicators of HD exposure hazards are present additional containment requirements are implemented.

2) Does the facility take appropriate steps when repackaging HDs that do not require further manipulation other than counting or repackaging?

Yes. Clean equipment is used.

Yes. Clean equipment is dedicated for use with HDs.

Yes. Equipment is decontaminated after every use.

3.6.13) Compounding

1) Does the facility use a plastic-backed preparation mat on the C-PEC compounding work surface?

Yes. a plastic-backed preparation mat is used on the work surface for compounding HDs.

Yes. The mat is changed immediately if a spill occurs.

Yes. The mat is changed regularly during use.

Yes. the mat is discarded at the end of daily compounding activity.

2) Is compounding equipment dedicated for use with HDs?

Yes. Disposable equipment is dedicated for use with HDs.

Yes. Clean equipment for compounding is dedicated for use with HDs.

3) Are APIs or other powdered HDs handled in a C-PEC?

Yes. APIs and other powdered HDs are handled in a C-PEC during particle generating activities.

3.6.15) Deactivating, Decontaminating, Cleaning, and Disinfecting

1) Does the facility have SOPs for HD cleaning?

Yes. All areas where HDs are handled are deactivated, decontaminated, and cleaned.

Yes. All reusable equipment and devices used for HD handling are deactivated, decontaminated and cleaned.

Yes. In addition to HD cleaning SOPs, the facility complies with USP 795 for cleaning nonsterile compounding areas.

Yes. Procedures for cleaning include agents used.

Yes. Procedures for cleaning include dilutions (if applicable).

Yes. Procedures for cleaning include cleaning frequency.

Yes. Procedures for cleaning include documentation requirements.

2) Are personnel who perform deactivation, decontamination, cleaning and disinfection trained in appropriate procedures and PPE?

Yes. There is documentation that personnel are trained to perform HD cleaning.

Yes. All personnel who perform HD cleaning wear PPE resistant to the cleaning agents used.

Yes. PPE for cleaning includes two pairs of chemotherapy gloves.

Yes. PPE for cleaning includes impermeable disposable gowns.

Yes. Eye protection and face shields are used if splashing is likely.

Yes. If warranted by the activity, respiratory protection is used.

3) Are cleaning agents and materials compatible with room surfaces and appropriately applied and discarded?

Yes. Products used are compatible with surface materials.

Yes. Products used are applied through the use of wipes wetted with the appropriate solution.

Yes. Products are not delivered by a spray bottle.

Yes. Cleaning products and materials are discarded per EPA regulations.

Yes. Cleaning areas are sufficiently ventilated.

4) DEACTIVATION: Are proper agents used for deactivation?

Yes. Agents render HDs inert or inactive.

Yes. The facility uses EPA registered oxidizing agents for deactivation.

Yes. Care is taken when selecting materials due to potential adverse effects.

Yes. Sodium hypochlorite treated surfaces are neutralized with sodium thiosulfate, or are followed by an agent to remove the sodium hypochlorite.

Observation
(examples: Sterile alcohol, sterile water, germicidal agent, or sporicidal agent.)

5) DECONTAMINATION: Are C-PEC surfaces and products within decontaminated appropriately?

Yes. HD containers are wiped with a decontaminating agent prior to entry into the C-PEC.

Yes. Solutions used for wiping HD packaging does not alter the product label.

Yes. The worksurface of the C-PEC is decontaminated between compounding of different HDs.

Yes. The C-PEC is decontaminated at least daily (when used).

Yes. The C-PEC is decontaminated any time a spill occurs.

Yes. The C-PEC is decontaminated before and after certification.

Yes. The C-PEC is decontaminated any time voluntary interruption occurs.

Yes. The C-PEC is decontaminated if the ventilation tool is moved.

6) DECONTAMINATION: Is the tray under the C-PEC deactivated and decontaminated monthly?

Yes. The work tray of the C-PEC is deactivated and decontaminated monthly.

Yes. The other areas of the C-PEC are deactivated and decontaminated prior to accessing the work tray.

Yes. The worker performing this task wears appropriate respiratory protection.

7) CLEANING: Does the facility clean after deactivation and decontamination?

Yes. The facility uses a germicidal detergent to clean objects and surfaces exposed to HDs and other contaminants.

Yes. The facility does not clean when compounding activities are occurring.

8) DISINFECTION: Does the facility disinfect areas intended to be sterile after cleaning.

Yes. All surfaces are cleaned prior to disinfection.

Yes. All surfaces intended to be sterile are disinfected.

Yes. The facility uses an EPA registered disinfectant and/or sterile alcohol to disinfect.

3.6.16) Spill Control

1) Are personnel trained in spill management?

Yes. Personnel required to clean HD spills receive training in spill management.
Yes. Training includes the use of PPE for
Yes. Training includes the use of a NIOSH-certified respirator for spill cleanup.

2) Is the facility prepared to address a HD spill?

Yes. Spills are contained immediately by qualified personnel with appropriate PPE.
Yes. Qualified personnel are available at all times when HDs are being handled.
Yes. Signs are available to restrict access to spill areas.
Yes. Spill kits are readily available in all areas where HDs are routinely handled.
Yes. Spill kits contain all materials needed to clean an HD spill.
Yes. If HDs are prepared or administered in a non-routine area a spill kit and respirator are available.
Yes. Spill materials are disposed of as hazardous waste.

3) Does the facility document spills and evaluate potentially exposed personnel?

Yes. The circumstances and management of spills is documented.
Yes. Personnel potentially exposed to spills or spill cleanup receive immediate evaluation.
Yes. Personnel who have direct skin or eye contact with HDs receive immediate evaluation.

4) Do facility SOPs adequately address spills and spill cleanup?

Yes. SOPs address the size and scope of the spill.
Yes. SOPs specify who is responsible for spill management.
Yes. SOPs specify the type of PPE required.
Yes. SOPs differentiate spill management based on the size and type of spill.
Yes. SOPs specify the location of spill kits and clean-up materials.
Yes. SOPs specify the capacity of spill kits.

3.6.17) Documentation and Standard Operating Procedures

1) Are SOPs appropriately drafted and reviewed?

Yes. SOPS are reviewed every 12 months by the designated person.
Yes. Annual SOP review is documented.
Yes. Revisions in forms or records are made as needed.
Yes. Revisions in forms or records are communicated to all personnel handling HDs.

2) Does the facility have SOPs for the safe handling of HDs for all situations in which the HDs are used throughout the facility?

Yes. There is an SOP for the hazard communication program.
Yes. There is an SOP for the occupational safety program.
Yes. There is an SOP for the designation of HD areas.
Yes. There is an SOP for the receipt of HDs.
Yes. There is an SOP for the storage of HDs.
Yes. There is an SOP for the compounding of HDs.
Yes. There is an SOP for the use and maintenance of proper engineering controls (e.g., C-PECs, C-SECS, and CSTDs).
Yes. There is an SOP for hand hygiene and use of PPE based on activity (e.g., receipt, transport, compounding, administration, spill and disposal.)
Yes. There is an SOP for deactivation, decontamination, cleaning and disinfection..
Yes. There is an SOP for dispensing.
Yes.. There is an SOP for transport.
Yes. There is an SOP for environmental monitoring (e.g., wipe sampling).
Yes. There is an SOP for disopsal.
Yes. There is an SOP for spill control.
Yes. There is an SOP for medical surveillance.

3) Does the facility document HD training according to OSHA standards?

Yes. HD training is documented according to OSHA standards.

3.6.18) Medical Surveillance

2) Does the facility medical surveillance program contain all required elements?

Yes. The medical surveillance plan identifies workers who are potentially exposed to HDs on the basis of their job duties.
Yes. The facility uses an entity-based or contracted employee health service to perform medial surveillance.
Yes. Patient confidentiality is protected.
Yes. An initial, baseline assessment is conducted.
Yes. Baseline assessments contain a medical (including reproductive) history.
Yes. Baseline assessments contain a work history as it relates to HD exposure.
Yes. Baseline assessments contain a physical examination.
Yes. Baseline assessments contain laboratory testing.
Yes. Assessments include a review or records of HDs handled, including quantities and dosage forms.
Yes. Assessments include a review of the estimated number of HDs handled each week.
Yes. Assessments include a review of the estimated number of hours spent handling HDs every week or month.
Yes. Assessments include physical assessments and laboratory studies linked to target organs of commonly used HDs.
Yes. Biological monitoring is considered in the follow-up of acute spills with a specific agent.
Yes. Medical records or surveillance are maintained according to OSHA.
Yes. Workers are monitored prospectively through periodic surveillance.
Yes. Data is monitored to identify prevention failures that lead to health effects.
Yes. There is a follow up plan for workers who have shown health changes suggesting toxicity or who have experienced an acute exposure.
Yes. Follow up plans include review of current engineering and administrative controls and equipment.
Yes. Workers complete an exit examination when a workers employment at the facility ends.

3) Does the facility have an appropriate follow up plan if exposure health related changes are identified?

Yes. A post exposure examination is conducted according to the type of exposure.
Yes. An assessment of the extent of the exposure is conducted, including a confidential database and incident report).
Yes. Physical examinations focus on the involved area and other organ systems commonly affected.
Yes. Treatment and laboratory studies are guided by emergency protocols.
Yes. Performance controls are compared with recommended standards.
Yes. Environmental sampling is conducted when analytical methods are available.
Yes. The facility verifies and documents that all engineering controls are in proper operating condition.
Yes. The facility verifies and documents that the worker complied with existing policies.
Yes. The facility develops a plan of action that will prevent additional worker exposure.
Yes. There is a method to maintain confidential two-way communication between the employee and employe.
Yes. The facility completes and documents a follow up medical survey to demonstrate plan changes are effective.
Yes. The facility ensures workers receive confidential notification of any adverse health effect.
Yes. The facility offers the worker alternative duty or a temporary reassignment.
Yes. The facility provides ongoing medical surveillance to all workers at risk for exposure to HDs.

9) Substance Abuse and Mental Health Resources for Healthcare Professionals

1) Substance Abuse and Mental Health Resources for Healthcare Professionals

Observation
The healthcare profession is not immune to substance use disorder and mental health conditions. Such medical conditions impair a healthcare professional's competency, ability, and judgment. Substance use disorder and/or mental health conditions that are left untreated may not only cause a healthcare professional to risk their career, but may also endanger the life of a patient. These medical conditions can be effectively treated, and it is possible for healthcare professionals that are in treatment or recovery to return to practice.

The State of Ohio Board of Pharmacy encourages all healthcare professionals who may be struggling with substance use disorder or mental health condition to seek help. The following are resources that can assist healthcare professionals in getting help: (The resources listed here are for informational purposes only and do not constitute an endorsement by the State of Ohio Board of Pharmacy. They do not represent a complete list of the resources available)

Ohio Careline 1-800-720-9616, emotional support, with referral to other resources if needed.
Crisis text line, text "4hope" to 741 741 to speak with a crisis counselor.
Treatment Bridge 1-877-275-6364, for addiction and mental health services.
National Suicide prevention dial 988, or call 1-800-273-8255.
Ohio Domestic Violence Network 1-800-934-9840
Pharmacist Rehabilitation Organization (www.ohiopro.org) for pharmacists and pharmacy interns.
Ohio Physicians Health Program (www.ophp.org)

10) Inspection Affirmation

1) Inspection Affirmation

Observation
*This document only addresses compliance with the rules or laws specifically identified above.

As the person in charge at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent/Inspector, and understand its content.

If this inspection report requires a written response, I understand, per OAC 4729:5-3-03, that either of the following must be submitted to the State of Ohio Board of Pharmacy within 30 days of this inspection:
(1) The action(s) the licensee or applicant has taken to correct the violation(s) and the date of implementation of the corrective action(s); or
(2) An explanation disputing the observed violations.

I understand that if I am not the responsible person documented on this site's Ohio terminal distributor of dangerous drugs license, I will ensure the responsible person is provided a complete copy of this inspection report in a timely manner.

I further acknowledge that a written response does not release the licensee listed in this inspection report from potential disciplinary action.

Responses must be either emailed (with a copy of the inspection report) to WRITTENRESPONSE@PHARMACY.OHIO.GOV or mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

No Issue Found

Reviewed by Daniel DiStefano, R.Ph.

(signature)

Ohio Board of Pharmacy

VERIFICATION OF LICENSURE

BUSINESS NAME:	By Blend, LLC
LOCATION:	6171 Huntley Rd Ste J Columbus, OH 43229-1047
LICENSE NUMBER:	0232000553
TYPE OF LICENSE:	Terminal - Pharmacy - Category 3
ORIGINAL LICENSURE DATE:	July 7, 2025
EXPIRATION DATE:	March 31, 2027
CURRENT LICENSE STATUS:	Active
CURRENT LICENSE SUB STATUS:	N/A
BOARD ACTION:	No (If Board Action is "Yes", you may find more information at elicense.ohio.gov)
DATE OF VERIFICATION:	8/6/2025

Grant Miller
Licensing Administrator
Ohio Board of Pharmacy

Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

Ohio Board of Pharmacy

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2027.

By Blend LLC

6171 Huntley Rd Ste J

Columbus, OH 43229-1047

License Number: 0232000553

License Type: Terminal - Pharmacy - Category 3

Sub-Category: MO – Mail order

Expiration Date: March 31, 2027

Responsible Person – Print, sign, and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
DANIEL SCOTT DISTEFANO, RPH	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request in eLicense Ohio - elicense.ohio.gov.

Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

Ohio Board of Pharmacy

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BOARD ACTION:	No (If Board Action is "Yes", you may find more information at elicense.ohio.gov)
DATE OF VERIFICATION:	8/25/2025

Grant Miller
Licensing Administrator
Ohio Board of Pharmacy

Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FB5941251	07-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N,4,5	RETAIL PHARMACY	08-15-2025

BY BLEND LLC
6171 HUNTLEY RD
STE J
COLUMBUS, OH 43229

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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BY BLEND LLC
6171 HUNTLEY RD
STE J
COLUMBUS, OH 43229

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Form DEA-223 (9/2016)

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	■ New Pharmacy	■ Retail/Community	☐ Retail/Community
■ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			■ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	■ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	■ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Costco Wholesale Corporation dba Costco Pharmacy #1749 - Central Fill

Physical Address: 6801 Seaway Blvd., Suite A-1

City: Everett State: WA Zip: 98203

Mailing Address (if different from physical address): P.O. Box 35005 Attn: Licensing

City: Seattle State: WA Zip: 98124-3405

Telephone: 425-835-5833 Toll Free # (NAC 639.708, NRS 639.23286): 800-607-6861

Fax: 425-835-5805 Contact Email: pharmacylicenses@costco.com

Website: www.costco.com

Nevada Business License # (if applicable) NV19871025196

Supervising/Managing Pharmacist Name (NRS 639.220): Christopher Kennedy

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22815

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Christopher Kennedy	NV Pharmacist Registration #: 22815
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: Washington

Parent Company (if any): N/A

Corporation Name: Costco Wholesale Corporation

Mailing Address: P.O. Box 35005 Attn: Licensing

City: Seattle State: WA Zip: 98124-3405

Telephone: 425-313-8100 Email: pharmacylicenses@costco.com

Contact Person Name: Heather Cimuchowski

Date of SEC Registration: 12/05/1985 | SEC Registration Number: 0-20355 | Stock Exchange Symbol: COST

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☑ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the SVP - Pharmacy (title) for Costco Wholesale Corporation (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Richard Stephens

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

8-14-25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Richard Stephens hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the SVP - Pharmacy (title) for Costco Wholesale Corporation (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

HEATHER J CIMUCHOWSKI NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 7-09-26 83217

SUBSCRIBED AND SWORN TO
Before me, a notary public this 19 day of August, 2025

Notary Public

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Stephens

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8-14-25

Date

Board Use Only	Date Received: 9/2/25	Amount: $500-ck 1091 9284

There is no discipline for Costco Pharmacy #1749 - Central Fill.

However, I am including the discipline for Costco Wholesale Corporation as a whole in case in case it is required.

Pharmacy Disciplinary Actions

1. December 2009 – Case #09-065-RPH-N; 09-065-PH-N. Costco Pharmacy #646 in Nevada and the pharmacist Virginia Agha were both fined by the Nevada State Board of Pharmacy due to a mistake in giving a customer larger dose of a prescription than was requested on the prescription. The fine has been paid.

2. July 2010 – Case # 2010-4158; 2010-4159; 2010- 4160; 2010-4161; 2010-4162; 2010-4163; 2010-4165; 2010-4166; 2010-4167; 2010-4168; 2010-4169; 2010-4170; 2010-2900 (documents can be found on state website). The Colorado Board of Pharmacy issued a complaint and fined Costco Pharmacy # 439, 440, 443, 468, 480, 570, 581, 629, 637, 676, 1014, 1022 and 1027 for failing to timely submit a data report required by Colorado Electronic Prescription Drug Monitoring Program within the required reporting period of April 16-25. Costco Pharmacies filed the report two days late with respect to the submittal of four (4) days of data. The fine has been paid. Costco remedied the technical issue and files on time.

3. May 2010 – Case #2010-03541. The Illinois Department of Financial and Professional Regulation issued a complaint and fined Costco Pharmacy #1040 for dispensing prescriptions without a pharmacist present. Specifically, on or about May 1, 2010, a Costco Wholesale Manager opening the pharmacy when the substitute pharmacist was delayed. The fine has been paid.

4. November 2012. Costco entered into a settlement agreement with the DEA and the US Attorney for the Eastern District of Michigan to resolve allegations concerning filling prescriptions for a prescriber whose DEA registration was no longer valid. Costco paid a fine of $100,000.00. Costco undertook extensive technology updates and policy and procedure updates and auditing to ensure the problem was rectified (see 2017 settlement below).

5. May 2013 – Case #53-12-126441. The Michigan Department of Licensing and Regulatory Affairs issued a complaint and fined Costco Pharmacy #374 for dispensing the incorrect medication to a patient. The fine was paid and probation was served. This, along with all medication errors, was reviewed and addressed by Costco's quality assurance committee.

6. July 2014 - #8-1305A-13X. The NJ Board of Pharmacy issued a violation to Costco Pharmacy #315 for an inspection that occurred on March 7, 2013. The violation was for having outdated and overfilled drug stock. A fine in the amount of $625.00 was paid on August 18, 2014. This was out of Costco policy and is one of the elements on all Costco audits.

7. July 2014 – Complaint #92049. The NJ Board of Pharmacy issued a violation to Costco Pharmacy #739 for not performing an adequate Drug Utilization Review for Larry J. Butterfield, Sr. A fine in the amount of $1,000.00 was paid on July 9, 2014. This, along with all medication errors, was reviewed and addressed by Costco's quality assurance committee.

8. November 3, 2014 - #C-14-040-B. The Texas State Board of Pharmacy issued a violation and penalty for Costco Wholesale #689 for failing to provide verbal patient counseling on July 15, 2014. A fine of $1,500 was paid on March 23, 2015.

9. November 2014 – #8-5213-13-X. The NJ Board of Pharmacy Issued a violation for Costco Pharmacy #749 for having outdated and misbranded drugs in the drug stock inventory. A fine of $250 was paid on November 28, 2014. This was out of Costco policy and is one of the elements on all Costco audits.

10. January 2015 – The MA Board of Pharmacy issued a probation of one day for Costco Pharmacy #302 for failing to identify an error in a prescription. This, along with all medication errors, was reviewed and addressed by Costco's quality assurance committee.

11. February 2015 – Notice No. D101210. The DC Pharmaceutical Division issued a notice of infraction for Costco Pharmacy #1120 for failing to keep the pharmacy clean. A reduced fine of $1,000 was assessed and paid. This is contrary to Costco policy and an element of our audits.

12. September 2016 - OAH No. 2015081057. Pursuant to an agreed settlement, the California Board of Pharmacy placed Costco Pharmacy #454 on probation for 3 years for violations relating to dispensing controlled substances. Specifically the Board alleged the pharmacy staff filled certain prescriptions between 2005 and 2010 that should not have been filled. Costco denied the allegations. No fine was incurred, though Costco paid costs and community service. Costco has since 2010 upgraded policies, processes, technology and auditing to increase vigilance regarding controlled substance prescriptions.

13. January 18, 2017. Costco entered into a settlement agreement with the DEA and the Department of Justice to resolve allegations concerning filling prescriptions for prescribers whose DEA registration were no longer valid, using valid, but incorrect prescriber DEA registration numbers, and various recordkeeping violations at Costco's retail and central fill pharmacies. Costco paid a fine of $11,750,000.00. Beginning in 2012 Costco undertook extensive technology updates and policy and procedure updates and auditing to ensure DEA registration review was accurately conducted on

each controlled substance prescription and that all controlled substance recordkeeping was compliant.

14. February 14, 2017. Case No. 2016-3852. The Colorado Board of Pharmacy issued a violation to Costco #480 for violations discovered in a routine inspection. These included immunization records failing to include the site of administration, failing to review the central prescription processing policy, deficiencies in DEA form 222, recordkeeping on transfers, and proper labeling of anabolic steroid prescriptions. Costco has paid a fine of $2,000 plus a 15% surcharge. Costco has provided additional support and supervisor review to this location. On March 1, 2019, the Colorado Department of regulatory Agencies restored the pharmacy to unencumbered status.

15. September 18, 2017. Case No. 2017 IBP 0043. The Indiana State Board of Pharmacy placed Costco #347 on probation for having expired medications on its store shelves. No fine was assessed. This was out of Costco policy and is one of the elements on Costco audits. On December 31, 2018, the Indiana State Board of Pharmacy withdrew the terms of the probation.

16. December 13, 2017. Case No. 53-16-143490. The Michigan Board of Pharmacy and Costco #570 entered into a Consent Order based on Costco's failure to disclose a July 2010 action by the Colorado Board of Pharmacy (see above). Costco paid a $250 fine. Costco has improved its disciplinary proceeding tracking and reporting since 2010.

17. August 7, 2018. The Texas State Board of Pharmacy and Costco #570 entered into an Agreed Board Order #F-18-014 based on Costco's failure to disclose a July 2010 action by the Colorado Board of Pharmacy (see above). Costco paid a $1,000 fine. Costco has improved its disciplinary proceeding tracking and reporting since 2010.

18. February 14, 2019. Case Nos. PHA 2018-35-L, PHA 2018-36-L, PHA 2018-37-L, PHA 2018-38-L, PHA 2018-39-L, PHA 2018-40-L, PHA 2018-41-L, PHA 2018-42-L, PHA 2018-43-L, PHA-44-L, PHA 2018-45-L. The Hawaii Board of Pharmacy and Costco's Hawaii pharmacies, mail order pharmacies 581, 562, and 570, and central fill pharmacy 583 entered into settlement agreements based on Costco's failure to disclose within 30 days the August 24, 2016 Stipulated Settlement and Order with the California Board of Pharmacy, January 18, 2017 settlement with the DEA, September 18, 2017 Settlement Agreement with the Indiana Board of Pharmacy (see above). Costco paid a $10,000 in fines. Costco has improved its disciplinary proceeding reporting to Hawaii.

19. February 20, 2019. Case No. 113330. The Alabama Board of Pharmacy and Costco #570 entered into a Consent Order based on Costco's failure to

timely disclose a July 2010 action by the Colorado Board of Pharmacy and based on the similar discipline from Michigan and Texas (see above). Costco paid a $5,000 fine. Costco has improved its disciplinary proceeding tracking and reporting since 2010.

20. April 25, 2019. Case No. 2019-2022. The Colorado Board of Pharmacy and Costco #629 entered into a Stipulation and Final Agency Order based on the failure to timely date invoices for controlled substances upon receipt by the pharmacy. Costco paid a $575 fine. Costco retrained personnel and increased its audits and review of this issue.

21. April 29, 2019. Case No. 2019-1335. The Colorado Board of Pharmacy and Costco #1022 entered into a Stipulation and Final Agency Order based on the failure to timely notify the Board of a change of pharmacy manager. Costco paid a $1,000 fine. Costco reiterated to its Colorado locations the requirement to notify the Board.

22. March 17, 2020. Case 2019-05597. The Texas Board of Pharmacy and Costco #680 entered into an Agreed Board Order based on Costco allowing a pharmacy technician with a delinquent registration to perform the duties of a licensed technician. Costco paid a $3,000 fine and implemented policies and procedures for the verification of valid licensure and registration status for all pharmacy employees.

23. November 5, 2020. The South Carolina Board of Pharmacy issued a citation and penalty based on Costco #1319 in Mount Pleasant, SC failing to have diphenhydramine in its emergency response immunization kit per its protocol. Costco paid a $500 fine and immediately placed an order for delivery of the drug.

24. January 20, 2021. Case No. 2019-PHA-16271. The Maine Board of Pharmacy and Costco #581 entered into a Consent Agreement based on the failure to notify the Board of a disciplinary action from the Hawaii Board of Pharmacy in a timely matter. Costco paid a $250 fine. Costco has improved its disciplinary proceeding reporting to Maine.

25. February 11, 2021. Case No.2020-PHA-1679. The Maine Board of Pharmacy and Costco #562 entered into a Consent Agreement based on the failure to notify the Board of a PIC Change and a disciplinary action from the Hawaii Board of Pharmacy in a timely matter. Costco paid a $1,750 fine. Costco has improved its disciplinary proceeding reporting to Maine.

26. March 26, 2021. Case No. 2020-PHA-17022. The Maine Board of Pharmacy and Costco #570 entered into a Consent Agreement based on misrepresentation to the Board on a renewal application on November 23, 2011 for renewal licensure and the failure to notify the Board of a disciplinary action from the Hawaii Board of Pharmacy in a timely matter. Costco paid a $1,750 fine. Costco has improved its disciplinary proceeding reporting to Maine.

27. April 29, 2021. Case No. 2020 IBP 0044. The Indiana Board of Pharmacy and Costco #570 entered a Consent Agreement based on failure to notify the Board of the disciplinary actions from the Colorado, Michigan, Texas Hawaii and Alabama Pharmacy Boards in a timely matter. Costco paid a $4,005 fine. Costco has improved its disciplinary proceeding reporting to Indiana.

28. May 20, 2021. Case No.2020-000359. The Alaska Board of Pharmacy and Costco #562 entered into an agreed order based on the failure to notify the Board of a PIC Change in a timely matter. Costco paid a $250 fine.

29. August 17, 2021. Agreed Board Order (ABO) #2020-03993. The Texas Board of Pharmacy has reprimanded Costco Pharmacy #1322 for a dispensing error. The pharmacy is following special policies and procedures to prevent this error from happening again in the future.

30. February 15, 2022. The PR Department of Health Bureau of Investigations fined Costco Pharmacy #335 for loss of controlled substances. A fine of $800.00 was paid on 03/01/2022.

31. March 10, 2022. The HI Department of Commerce and Consumer Affairs fined Costco Pharmacy #562 for notifying of a prior violation 3 days later. A fine of $500.00 was paid on 03/10/2022.

32. March 14, 2022. The AL State Board of Pharmacy fined Costco Pharmacy #1032/562 $2000 for failure to timely notify the state of a fine from Alaska for failing to timely notify on PIC changes.

33. June 4, 2022. The VA Board of Pharmacy fined Costco Pharmacy #225 $1000 for not filing change of PIC within the required timeframe.

34. July 6, 2022. The MD Department of Health fined Costco Pharmacy #325 a fine of $1000.00 for violation that occurred on July 21, 2021 of a technician-trainee performing delegated pharmacy acts beyond the 6 month exemption period for a technician trainee. The trainee became registered with the board on July 30, 2021.

35. January 19, 2023. State of Connecticut Department of Consumer Protection. The Commission of Pharmacy fined Costco Pharmacy #324 a total of $15,000 for various noncompliance issues. A Settlement Agreement was filed detailing all issues, Case No. 2021-85.

36. November 7, 2023. State of Texas Board of Pharmacy. The pharmacy board reprimanded Costco Pharmacy #1152 for incorrectly entering into the pharmacy's data processing system the wrong drug for a patient.

37. March 25, 2024 – Minnesota State Board of Pharmacy issued a stipulation and consent order for Costco Pharmacy #1021 because a former PIC diverted some drugs to themselves rather to the inventory of the pharmacy.

38. March 16, 2025 – Case No. 2021-05433 – The Illinois Department of Financial and Professional Regulation issued a consent order and fined Costco Pharmacy #570 a total of $20,000 based on failure to notify the Board of the disciplinary actions from the Colorado, Michigan, Texas, Hawaii and Alabama Pharmacy Boards in a timely manner.

39. March 26, 2025 -- The Colorado State Board of Pharmacy issued a Stipulation and fined Costco Pharmacy #480 for failing to report a loss of controlled substances in a timely manner. Costco paid a fine of $1,150. Case No. 2025-1629.

40. April 17, 2025 – The NV Board of Pharmacy issued a citation and fine order to Costco Pharmacy #673 for permitting a pharmacy technician in training to administer vaccinations in violation of NAC 639.2917-NAC 639.2973. A fine of $500.00 was paid. Case No. 24-487-PH-S

COSTCO WHOLESALE CORPORATION
PRINCIPAL OFFICERS

Title	First	Last	Company Address	Work Phone
CEO/President/ Director	Roland	Vachris	[redacted]	[redacted]
Exec VP/CFO	Gary	Millerchip		
Exec VP/Assistant Secretary	Patrick	Callans		
Exec VP/Secretary	John	Sullivan		
Senior VP	Richard	Stephens		
VP/Treasurer	Zackary	Smylie		
Assistant Secretary	Gary	Swearingen		
Assistant Secretary	Rainey	Astin		
Director	Susan	Decker		
Director	Kenneth	Denman		
Director	Hamilton	James		
Director	Sarah	Jewell		
Director	Jeffrey	Raikes		

Director	John	Stanton	[redacted]	[redacted]	
Director	Maggie	Wilderotter			
Director	Helena	Foulkes			

SHAREHOLDER COMMUNICATIONS TO THE BOARD

Shareholders may contact an individual director, the Board as a group, or a specified Board committee or group, including the non-employee directors as a group, at the following address: Corporate Secretary, Costco Wholesale Corporation, 999 Lake Drive, Issaquah, WA 98027 Attn: Board of Directors. The Company will receive and process communications before forwarding them to the addressee. Directors generally will not be forwarded shareholder communications that are primarily commercial in nature, relate to improper or irrelevant topics, or request general information about the Company.

Meeting Attendance

During the Company's last fiscal year, the Board met four times. Each member of the Board attended all of the Board meetings. Each member of the Board attended all meetings of the committees on which he or she served. As set forth in our Corporate Governance Guidelines, directors are encouraged to attend meetings of shareholders. All directors attended the meeting in 2024.

PRINCIPAL SHAREHOLDERS

The following table sets forth information regarding ownership of the common stock by each person or group known to the Company to own more than 5% of the outstanding shares of the common stock on November 15, 2024.

Name and Address of Beneficial Owner	Shares	Percent[1]
Vanguard Group, Inc. 100 Vanguard Blvd., Malvern, PA 19355	41,746,567[(2)]	9.40%
BlackRock, Inc. 50 Hudson Yards New York, NY 10001	33,555,577[(3)]	7.56%

(1) Based on 443,960,469 shares of common stock outstanding. In accordance with SEC rules, percent of class as of this date is calculated for each person and group by dividing the number of shares beneficially owned by the sum of the total shares outstanding plus the number of shares subject to securities exercisable by that person or group within 60 days.
(2) Information based on Form 13F-HR filed with the SEC by Vanguard Group, Inc. on November 13, 2024.
(3) Information based on Form 13F-HR filed with the SEC by BlackRock, Inc. on November 13, 2024.

These shareholders are all we are required to publish.

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

COSTCO WHOLESALE CORPORATION

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/12/1987.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 08/11/2025
UBI Number: 601 024 674

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 08/11/2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47852 • Olympia, Washington 98504-7852
Tel: 360-236-4946 • 711 Washington Relay Service

July 11, 2025

Christopher Ellis Kennedy
Costco Pharmacy #1749
6801 Seaway Blvd Ste A-1
Everett, WA, 98203-5833

Delivered via email to: cekennedy@costco.com

Subject: Inspection Number: X2024-1487
Facility Type: Mail Order
License Number: PHAR.CF.61630977
Inspection Type: CHANGE - LOCATION

Dear Christopher Ellis Kennedy,

This letter contains information regarding the recent inspection of Costco Pharmacy #1749, 6801 Seaway Blvd Ste A-1, Everett, WA, 98203-5833 by the Washington State Department of Health. Your state licensing inspection was completed on 07/10/2025. Inspections represent the scope of practice observed during the inspector's time on-site and may not be all inclusive.

During the initial licensing inspection process, the licensee met minimum required expectations for licensure.

Please contact me if there are questions regarding the inspection process. You may reach me at (360) 628-4703. I am also available by email at tina.lacey@doh.wa.gov.

Sincerely,

Tina Lacey

Tina E Lacey RPh
Pharmacist Inspector

How was your pharmacy inspection experience?

Please take a few minutes to complete this brief survey. In order to provide you with the best possible service, we need your comments on how we do our job, especially if you can offer suggestions for improvement. Unless you choose to give us your contact information, this is an anonymous survey. The survey is voluntary and will not affect your current or future inspection results. All responses will be used solely to improve our pharmacy inspection service.

https://fortress.wa.gov/doh/opinio/s?s=PharmacyInspectionSurvey

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Washington State Pharmacy Quality Assurance Commission

Telephone Contact Numbers

Marlee B. O'Neill, Executive Director
Lindsay Trant-Sinclair, Deputy Director
Si Bui, PharmD, MPH, Inspection Supervisor
T. Nomi Peaks, PharmD, Pharmacy Consultant

Facsimile 360-236-2260

Websites

Washington State Pharmacy Quality Assurance Commission	www.doh.wa.gov/pharmacy
Washington Pharmacy Quality Assurance Commission (email)	WSPQAC@doh.wa.gov
Drug Enforcement Administration (DEA)	www.deadiversion.usdoj.gov
Food & Drug Administration (FDA)	www.fda.gov/cder
Consumer Product Safety Commission	www.cpsc.gov
U.S. Pharmacopeia (USP)	www.usp.org

Washington State Department of Health

This organization
Costco Pharmacy #1749 - Central Fill
is authorized by Chapter RCW 18.64
to have a
Pharmacy License

Operated by **Costco Wholesale Corporation**

Located at **6801 Seaway Blvd Ste A-1**

Everett, WA 98203-5833

Pharmacy Type: Community/Retail
Ancillary Utilization: Yes
Controlled Substance: Yes

Secretary

Credential Number
PHAR.CF.61630977

Status
Active

Effective Date
07/14/2025

Expiration Date
05/31/2026

THIS LICENSE IS NON-TRANSFERABLE

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Olympia, Washington 98504

August 28, 2025

Nevada Board of Pharmacy
pharmacylicenses@costco.com
pharmacy@pharmacy.nv.gov

Subject: License Verification

To Whom It May Concern:

This verifies the status of the Pharmacy License for Costco Pharmacy #1749 - Central Fill.

You may see blank sections because we do not have the information in our database or it does not apply for this credential type. This information is valid from the date of this letter.

Credential Number:	PHAR.CF.61630977
Current Credential Status:	ACTIVE
First Issuance Date:	07/14/2025
Current Expiration Date:	05/31/2026
Last Renewal Date:	07/14/2025
Disciplinary Action:	No

Please call 360-236-4700 if you have questions, or check our Online Facility Search at: https://fortress.wa.gov/doh/facilitysearch/. Information on current facility-specific rules and laws is at https://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate.

Rebecca Brown

Rebecca L Brown, Health Services Consultant 1

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC5832096	08-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CENTRAL FILL PHARMACY	07-25-2025

COSTCO WHOLESALE CORPORATION
DBA COSTCO PHARMACY #1749
6801 SEAWAY BLVD STE A-1
EVERETT, WA 982035833

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC5832096	08-31-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	CENTRAL FILL PHARMACY	07-25-2025

COSTCO WHOLESALE CORPORATION
DBA COSTCO PHARMACY #1749
6801 SEAWAY BLVD STE A-1
EVERETT, WA 982035833

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Form DEA-223 (9/2016)

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Non sterile compounding pharmacy	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☒ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Noblesville Low Cost Pharmacy

Physical Address: 758 Westfield Road

City: Noblesville State: IN Zip: 46062

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 317-231-5252 Toll Free # (NAC 639.708, NRS 639.23286): 866-217-8828

Fax: 317-900-7458 Contact Email: info@noblesvillelowcostpharmacy.com

Website: www.noblesvillelowcostpharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Methqal Abu Mahfouz

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24718

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Methqal Abu Mahfouz	NV Pharmacist Registration #: 24718
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Akram Abu Mahfouz

Business Name: Noblesville Low Cost Pharmacy

Business Address: 758 Westfield Road

City: Noblesville State: IN Zip: 46062

Telephone: 317-231-5252 Email: info@noblesvillelowcostpharmacy.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the owner (title) for Noblesville Low Cost pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Akram Abu Mahfouz

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

8/11/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Akram Abu Mahfouz hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the owner (title) for Noblesville Low cost pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 11 day of August, 2025

Notary Public

State of Indiana
County of Hamilton

HEBA MANNAA
Notary Public
Hamilton County - State of Indiana
Commission Number NP0764970
My Commission Expires Jul 31, 2033

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Akram Abu Mahfouz

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

08/11/2025

Date

Board Use Only	Date Received: 8/27/25	Amount: $500 CK 1602

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

NOBLESVILLE LOW COST PHARMACY LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 22, 2015, and was in existence or authorized to transact business in the State of Indiana on July 29, 2025.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 29, 2025

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

2015062400173 / 20254545521

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on August 28, 2025.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Noblesville Low Cost Pharmacy

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 758 Westfield Road

City Noblesville State IN Zip 46062

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 317-231-5252 Website www.noblesvillelowcostpharmacy.com

Licensing Company Email info@noblesvillelowcostpharmacy.com

Section 2: Personal Information

First Methqal Middle _____ Last Abu Mahfouz

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Applied Science University		08/1994 - 06-1999	
Address	**City**	**State**	**Zip**
Al-Arab St. 21, Amman, Jordan			
Diploma/Degree obtained, if any			
Bachelor of science - Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
2021-present				
From - To (MM/YY – MM/YY)				
2006-2021				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Noblesville Low Cost Pharmacy			07/2015-Present	
Business Address		**City**	**State**	**Zip**
758 Westfield Rd		Noblesville	IN	46062
Phone	**Title**		**Number of Employed Hours**	
317-231-5252	Pharmacist in charge		45 hours/week = 23,400	
Description of Duties				
Responsible for the overall operation, compliance, and quality assurance of the pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Methqal Abu Mahfouz, **certify that as the designated representative for**

Noblesville Low Cost Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MA I am at least 21 years of age;
3. MA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Methqal Abu Mahfouz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/11/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Methqal Abu Mahfouz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/11/25

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Hamilton

I, Methqal Abumahfouz, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/11/25

Date

Subscribed and Sworn to before me this 11 day of August.

State of Indiana
County of Hamilton

Heba Mannaa

Notary Public Signature

HEBA MANNAA
Notary Public
Hamilton County - State of Indiana
Commission Number NP0764970
My Commission Expires Jul 31, 2033

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Noblesville Low Cost Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 758 Westfield Road

City Noblesville State IN Zip 46062

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 317-231-5252 Website www.noblesvillelowcostpharmacy.com

Licensing Company Email info@noblesvillelowcostpharmacy.com

Section 2: Personal Information

First Akram Middle _____ Last Abu Mahfouz

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Jordan			08/1991 - 06/1996	
Address	City		State	Zip
Queen Rania St, Amman, Jordan				
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2021-Present	[redacted]			
2006-2021				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Innovative Rx Pharmacy			10/2014 - Present	
Business Address		**City**	**State**	**Zip**
11954 Fishers Crossing Drive		Fishers	IN	46038
Phone	**Title**			
317-210-8010	Pharmacist In Charge			
Description of Duties				
Responsible for the overall operation, compliance, and quality assurance of the pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Akram Abu Mahfouz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/13/25

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Hamilton

I, akram abumahfouz, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8-13-25

Date

Subscribed and Sworn to before me this 13 day of August.

Notary Public Signature

HEBA MANNAA
Notary Public
Hamilton County - State of Indiana
Commission Number NP0764970
My Commission Expires Jul 31, 2033

(Seal)

Inspection Report

Facility:	Noblesville Low Cost Pharmacy - 60006483A	Inspection Date:	07/14/2023
		Inspection Type:	INV
Address:	758 Westfield Road Noblesville, IN 46062 317-531-4985	Elapsed Time:	129.00
		Inspector:	Tim Thomas
		Result:	Corrective Action Plan

Pharmacy General Information

1.1 Type of Inspection	Routine (RT)
1.5 County	Hamilton
1.7 District	3
1.8 Is permit properly displayed?	Yes
1.9 Controlled Substance Registration (CSR) number	60006483B
1.10 Controlled Substance Registration (CSR) status	Active
1.11 Controlled Substance Registration expiration date	12-31-23
1.12 DEA registration number	FN5439131
1.13 DEA registration status	Active
1.14 DEA expiration date	10-324
1.15 Qualifying pharmacist name	Matt Abu
1.15a - Is qualifying pharmacist listed on pharmacy permit?	Yes
1.15c - Qualifying Pharmacists's average weekly hours	24 - 40
1.16 Name of pharmacist-of-record at the time of inspection	Matt Abu
1.17 Name of district manager	
1.19 Size of company/number of pharmacies nationwide	Independent
1.20 Average number of prescriptions filled daily	401-500
1.22 Is pharmacy open 24 hours a day?	No
1.23 Total weekly hours	45
2.6 If retail pharmacy, does prescription department have appropriate signage for pharmacist absence?	N/A

Staff/Personnel

3.1 How many pharmacists are employed by the pharmacy?	3
3.1a - Do all pharmacists possess a valid license?	Yes
3.1b - Are any of the licensees on probation?	No
3.1c - Are any of the licenses "Valid to Practice While Being Reviewed"?	No
3.2 How many technicians are employed by the pharmacy?	24
3.2a - Do all technicians possess a valid certification?	Yes
3.2b - Are any of the certifications on probation?	No
3.2c - Are any of the certifications "Valid to Practice While Being Reviewed"?	No
3.2d - What training does the pharmacy require of technicians?	Employer based
3.2e - Are all technicians wearing a nametag stating their profession?	Yes
3.3 How many interns are employed by the pharmacy?	0
3.3a - Do all interns possess a valid registration?	N/A
3.3b - Are any of the registrations on probation?	N/A
3.3c - Are any of the registrations "Valid to Practice While Being Reviewed"?	N/A
3.4 Does the pharmacy have ancillary personnel working in the licensed area?	No
3.4a - Are ancillary personnel engaging in permitted activities?	N/A
3.4b - How many ancillary personnel are working in the licensed area at the time of inspection?	0
3.5 Are all licenses and certifications properly displayed?	Yes
3.6 Are the pharmacy techncian files complete?	Yes
3.7 Is the technician ratio proper (6 to 1)?	Yes

Pharmacy Equipment/Security

4.1 Is the pharmacy area properly equipped, and include the following?	Yes
4.1a - Scale (if performing non-sterile compounding)?	Operational

4.1b - proper documentation from Department of Weights and Measures	Yes
4.1c - refrigeration	Operational
4.1d - sink (proper sewage outlet)	Operational
4.1e - hot and cold water	Operational
4.1i - sanitary	No
4.1j - proper temperature	Yes
4.2 Does refrigerator contain only pharmaceutical products?	Yes
4.3 Is the pharmacy properly secured?	Yes
4.3a - Does the pharmacy have a motion detector?	Yes

Drug storage/labeling/destruction

8.1 Are all drugs properly labeled including lot number and expiration or beyond us dating as required?	No
8.2 Have any drugs in active inventory exceeded expiration or beyond use dating?	Yes
8.3 How often does the pharmacy check for expired drugs?	Monthly
8.4 Are all drugs properly stored?	Yes
8.5 Does the pharmacy properly maintain a logbook for schedule V controlled substances dispensed without a prescription?	N/A
8.6 Does the pharmacy properly maintain a logbook for syringes dispensed without prescription?	N/A
8.7 Is the pharmacy properly reporting all sales of pseudoephedrine products to the NPLEx tracking system?	N/A
8.7a - How are ephedrine and pseudoephedrine products stored?	N/A
8.8 Are samples stored in the licensed pharmacy area?	No
8.8a - If yes, is storage and distribution in accordance with federal regulations?	N/A
8.9 Does the pharmacy have current pseudoephedrine purchasing limits posted?	N/A

Dispensing/Records Retention

9.1 Has the data processing system been approved by the Indiana Board of Pharmacy?	Yes
9.2 What type of software application does the pharmacy use?	Win RX/ PK soltware
9.3 Does the pharmacy scan a hard copy of prescriptions?	Yes
9.4 How does the pharmacy back up files?	Out of state
9.5 Does the pharmacy have internet access?	Yes
9.6 How does the pharmacy maintain daily dispensing records?	Board approved syste
9.7 Does the pharmacy retain these records for five (5) years?	N/A
9.8 Are HIPAA logs verifying all drugs dispensed that day signed by the pharmacist-in-charge?	No
9.9 What type of auxiliary procedure does the pharmacy have in place during system down time?	none
9.10 What type of filling system is used for prescriptions?	Three file
9.11a - If yes, where are the records stored?	Off site server/data
9.11b - Is the data readily retrievable by the pharmacy?	Yes
9.11c - Who may access the data?	This store

Controlled Substances

13.1 Does the pharmacy maintain a perpetual inventory for controlled substances?	Yes
13.1b - If no, what is the date of last biennial inventory (Type II facilities and facilitie without controlled substances are exempt)	9-05-21
13.1c - Is inventory within 2 years of last biennial inventory?	Yes
13.1d - How is the inventory recorded?	Electronically
13.1e - Is the inventory signed by the pharmacist with date and time?	Yes
13.1f - Is the inventory complete?	Yes
13.2 Which controlled substances are stored in a locked cabinet?	CII-CV
13.2a - What is the method of storage?	Safe
13.3 Who is your reverse distributor for destruction of controlled substances?	Rx Return Sol
13.3a - Does the pharmacy properly maintain reverse distribution receipts?	Yes
13.1a - If yes, which controlled substance schedules are inventoried perpetually?	All controlled subst
13.4 Are controlled substance records maintained separately from all other pharmacy records?	Yes

13.5 Who is your primary Wholesale Drug Distributor for Controlled Substances?	Cardinal , Letco, PCCA

DEA Forms

14.1 Are federal DEA Forms properly kept?	Yes
14.2 Does the pharmacy retain proper copies (i.e. Copy 1 or 3) of DEA Form 222?	Yes
14.2a - Are records retained for two (2) years?	Yes
14.2b - Which type of DEA Form 222 do you use for ordering CII's?	Hardcopy
14.2c - Is receipt of CII properly recorded?	Yes
14.2d - Are DEA Form 222's properly executed?	Yes
14.2e - Has the invoice been signed?	Yes
14.2f - Are DEA Form 222's filed separately from other drug order forms?	Yes
14.2g - Are invoices attached to DEA Form 222's?	Yes
14.2h - Are there discrepancies between order forms and inventory?	No
14.2i - Are unused DEA Form 222's in a secure location and unsigned?	Yes
14.2j - Does the pharmacy have power of attorney that enables employees to place the order?	Yes
14.3 Does the pharmacy maintain copies of DEA Form 106 (theft and loss), if applicable?	N/A
14.4 Does pharmacy have DEA Form 41 on file if destroyed with witness of specia agent or compliance officer?	N/A
14.5 Has the pharmacy reported theft of controlled substances to DEA within one (1) business day?	N/A
14.6 Have all thefts/losses been reported to the Pharmacy Board?	N/A
14.7 How many theft/losses have occurred since the previous routine inspection?	0

INSPECT

15.1 Is the pharmacy currently reporting all controlled substance prescription data to INSPECT within seven (7) days of dispensing to a patient?	Yes
15.1a - If yes, provide verification of previous two submissions. Enter "Automatic Submission", if applicable.	Auto Daily
15.1b - If no, has the pharmacy made arrangements with INSPECT to begin reporting?	N/A
15.2 After uploading prescription data to INSPECT, does the pharmacy regularly check to see if the system found errant records?	Yes
15.2a - If yes, does the pharmacy have an error correction procedure in place?	Yes
15.3 How many practitioners within the pharmacy utilize an individual practitioner INSPECT account?	3
15.4 Is the pharmacy part of a chain or is it a single location?	Chain
15.5 How does the pharmacy staff access the INSPECT account?	Practitioner Account
15.5a - Does the pharmacy (or parent corporation) prohibit staff from accessing INSPECT and/or the Internet?	No Restrictions
15.6 If Agent Access, is the practitioner aware of professional liability associated with the INSPECT account?	Yes
15.7a - Is there a standard policy in place for uploading?	Yes
15.8 Does the pharmacy have procedures to properly dispose hardcopy INSPECT reports?	N/A
15.8a - How long are hardcopy INSPECT reports saved before they are destroyed?	N/A
15.9 Has the pharmacy copied, faxed, e-mailed or transmitted INSPECT reports in any way?	No

Non-sterile Compounding

20.1 What is the pharmacy's commitment to non-sterile compounding?	Extensive
20.2 Does the pharmacy have an affiliation with a professional compounding organization?	Yes
20.2a - If yes, which one?	PCCA
20.3 Does the regular pharmacy software application produce formula sheets?	Yes
20.4 Does the pharmacy record lot numbers and expiration dates of medications utilized during non-sterile compounding?	Yes
20.5 Does the pharmacy label compounded pharmaceuticals in accordance with USP 795?	Yes

20.6 Does the pharmacy check expiration dates of compounding chemicals?	Yes
20.7 Does the pharmacy assign beyond use dates to the compounded pharmaceuticals in accordance with USP 795?	No
20.7a - If yes, where does the pharmacy obtain it's information?	PCCA
20.8 Who is responsible for preparing compounded pharmaceuticals?	Technician
20.8a - If technicians are preparing compounded pharmaceuticals, how were they trained?	OJT
20.8b - Does the pharmacy submit sample compounds to outside testing labs for verification of the product strength and concentration?	No

Special Medications

24.1 Does the pharmacy report the dispensing of clozapine within five (5) days to the CNR?	N/A
24.1a - Which method does the pharmacy use for reporting the dispensing of clozapine?	N/A
24.2 Has the pharmacy received authorization from the iPLEDGE program to dispense isotretinoin (Accutane)?	Yes
24.2a - Is the MedGuide included with the prescription?	Yes
24.2b - Does the pharmacy have a record of pharmacist training for the iPLEDGE program?	Yes
24.3 Is the authorization number on all prescriptions for Thalomid?	N/A
24.3a - Is the pharmacy registered in the STEPS program for dispensing?	N/A
24.4 Does the pharmacy dispense any other "special medications" with an RDDS program?	No
24.5 Does the pharmacy follow proper FDA and manufacturers practices for other "special" medications such as Ticocin?	No

Patient Confidentiality (HIPAA)

26.1 How does the pharmacy dispose HIPAA trash?	Third party service
26.1a - Is the dumpster locked and secure?	Yes
26.1b - What is the name of off-site HIPAA vendor?	Shred-it
26.2 Are HIPAA policies posted?	Yes
26.3 Are employees HIPAA trained?	Yes
26.3a - Is there documentation of training?	Yes
26.4 Does the pharmacy have policies and procedures in place to protect health information?	Yes
26.5 Has the pharmacy had a complaint filed with DHHS?	No

Prescription Audit

27.1 Do all Controlled Substance prescriptions meet Indiana security feature requirements?	Yes
27.2 Do all Controlled Substance prescriptions contain all information required by law?	Yes

INSPECTOR REMARKS

No sterile compounding. No immunization. Shipping 34 states.

VIOLATIONS

Description	Violation Comment
8.1 IC 16-42-3 Uniform Food, Drug, and Cosmetic	Please be sure to pull all expired medications, including chemicals in non-steril compounding regardless if the software blocks the use in system. If expired, then be sure to remove from active stock.
8.2 IC 16-42-3 Uniform Food, Drug, and Cosmetic	Found multiple expired chemicals in non-sterile compounding room, be sure to pull all expired products.
9.8 856 IAC 1-29-3 Hard-copy of daily dispensing	Please be sure to print and sign end of day reports or maintain a signature logbook for end of end dispensations. Keep on file for two (2) years.
4.1i IC 25-26-13-8 Eligibility for Pharmacy Permit	Unsanitary conditions in compounding lab. Needs a thorough cleaning. One of the powder hoods was taped with duct tape. Measurements taken for the repai

Inspection Report

Facility:	Noblesville Low Cost Pharmacy - 60006483A	Inspection Date:	08/31/2023
		Inspection Type:	CAP Follow-up
Address:	758 Westfield Road Noblesville, IN 46062 317-531-4985	Elapsed Time:	61.00
		Inspector:	Tim Thomas
		Result:	Pass

Pharmacy General Information

1.1 Type of Inspection	Routine (RT)
1.5 County	Hamilton
1.7 District	3
1.8 Is permit properly displayed?	Yes
1.9 Controlled Substance Registration (CSR) number	60006483B
1.10 Controlled Substance Registration (CSR) status	Active
1.11 Controlled Substance Registration expiration date	12-31-23
1.15 Qualifying pharmacist name	Matt
1.15a - Is qualifying pharmacist listed on pharmacy permit?	Yes
1.22 Is pharmacy open 24 hours a day?	No
1.23 Total weekly hours	45

Non-sterile Compounding

20.1 What is the pharmacy's commitment to non-sterile compounding?	Extensive
20.2 Does the pharmacy have an affiliation with a professional compounding organization?	Yes
20.2a - If yes, which one?	PCCA
20.3 Does the regular pharmacy software application produce formula sheets?	Yes
20.4 Does the pharmacy record lot numbers and expiration dates of medications utilized during non-sterile compounding?	Yes
20.5 Does the pharmacy label compounded pharmaceuticals in accordance with USP 795?	Yes
20.6 Does the pharmacy check expiration dates of compounding chemicals?	Yes
20.7 Does the pharmacy assign beyond use dates to the compounded pharmaceuticals in accordance with USP 795?	Yes
20.7a - If yes, where does the pharmacy obtain it's information?	PCCA
20.8 Who is responsible for preparing compounded pharmaceuticals?	Technician
20.8a - If technicians are preparing compounded pharmaceuticals, how were they trained?	OJT
20.8b - Does the pharmacy submit sample compounds to outside testing labs for verification of the product strength and concentration?	Yes

INSPECTOR REMARKS

All CAP issues were addressed and completed.
Questions please contact:

Timothy Thomas
317-753-4000
tithomas@pla.IN.gov

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacy

Registration Number	Expire Date
60006483A	12/31/2025

Noblesville Low Cost Pharmacy
758 Westfield Road
Noblesville IN 46062

Mike Braun
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacy

Registration Number	Expire Date
60006483A	**12/31/2025**

Noblesville Low Cost Pharmacy

Signature

State of Indiana

Name: Noblesville Low Cost Pharmacy

Line 1: 758 Westfield Road
Line 2:
City/State/Zip: Noblesville IN 46062
County: Hamilton

Lic #:	60006483A	Profession:	Pharmacy Board	Type:	Pharmacy	Secondary:	Closed Door (III)
Status:	Active	Issued:	7/6/2015	Expiration:	12/31/2025	Renewed:	12/7/2023
Method:	Application						

Lic #:	60006483B	Name:	Noblesville Low Cost Pharmacy		
License Type:	CSR-Pharmacy	License Status:	Active	Relationship:	Same Licensee

No Specialty Information

Inspection Type:	Pharmacy Inspection Report	Inspection Date: 7/2/2015	Inspection Grade: Pass
Inspection Type:	Pharmacy Inspection Report	Inspection Date: 5/30/2017	Inspection Grade: Pass
Inspection Type:	Pharmacy Inspection Report	Inspection Date: 9/25/2019	Inspection Grade: Pass
Inspection Type:	Pharmacy Inspection Report	Inspection Date: 1/28/2022	Inspection Grade: Pass
Inspection Type:	Pharmacy Inspection Report	Inspection Date: 7/14/2023	Inspection Grade: Corrective Action Plan
Inspection Type:	Pharmacy Inspection Report	Inspection Date: 8/31/2023	Inspection Grade: Pass

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) * Current license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Omnicare of Spartanburg provides integrated pharmacy and medication services, including but not limited to clinical review and intervention, medication therapy evaluation and management, third-party coverage support, and associated dispensing activities.	☐ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☒ Long Term Care ☐ Hospital ☒ Other: Pharmacy Clinical Services (non-dispensing)

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☒ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Pharmacy Consultants, LLC dba Omnicare of Spartanburg

Physical Address: 111 Corporate Dr, Ste L

City: Spartanburg State: SC Zip: 29303-5040

Mailing Address (if different from physical address): One CVS Dr, MC 1160

City: Woonsocket State: RI Zip: 02895

Telephone: 864-574-5220 Toll Free # (NAC 639.708, NRS 639.23286): 800-521-4648

Fax: 800-842-2238 Contact Email: PermitInfo@CVSHealth.com

Website: N/A

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Melissa Reeves

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19969

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Please see Attached	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: South Carolina

Parent Company (if any): NeighborCare Pharmacy Services, Inc.

Corporation/Organization Name: Pharmacy Consultants, LLC

Mailing Address: One CVS Dr, MC 1160

City: Woonsocket State: RI Zip: 02895

Telephone: 401-765-1500 Email: PermitInfo@CVSHealth.com

Contact Person Name: Leo Lariviere, Assistant Secretary

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Corporate Officer, Assistant Secretary (title) for Pharmacy Consultants, LLC dba Omnicare of Spartanburg (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Leo J Lariviere

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5/15/2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Leo J Lariviere hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Corporate Officer, Assistant Secretary (title) for Pharmacy Consultants, LLC dba Omnicare of Spartanburg (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 15 day of May, 2025

Notary Public

Rebekah A. Barbosa
Notary Public
State of Rhode Island

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Leo J Lariviere, Corporate Officer, Assistant Secretary

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

5/15/2025

Date

Board Use Only	Date Received: 5/19/25	Amount: $500.00 ck 5149147

On August 31, 2017, Pharmacy Consultants, LLC d/b/a Omnicare of Spartanburg, received from the DEA a Letter of Admonition alleging controlled substance record keeping violations related to audit discrepancies identified by DEA inspectors during an onsite inspection. Omnicare of Spartanburg responded with a plan of action to address the concern.

CVSHealth

Justin S. Strochlic
Senior Legal Counsel

200 Campus Drive, Third Floor
Florham Park, NJ 07932

p 401-829-6069
f 401-262-4179
justin.strochlic@cvshealth.com

September 29, 2017

David M. Hargroder
Diversion Program Manager
Drug Enforcement Administration, U.S. Department of Justice
75 Ted Turner Drive SW, Room 800
Atlanta, GA 30303

Re: DEA Registration Number FP4684848

Dear Program Manager Hargroder:

This letter responds to your August 31, 2017 letter (the "Letter") regarding the August 15, 2017 administrative inspection of Pharmacy Consultants, LLC d/b/a Omnicare of Spartanburg, located at 111 Corporate Drive, Suite L, Spartanburg, South Carolina 29301. The Letter recounts the inspectors' conclusions that the Omnicare facility violated Title 21 CFR 1304.21(a) and Title 21 U.S.C. 827(b)(1) by failing to maintain complete and accurate records. At the closing meeting with the inspectors on September 28, 2017, the inspectors clarified that their conclusion was based on their understanding that they had identified recordkeeping discrepancies for some controlled substances.

In response to the inspectors' findings, the Omnicare facility is reviewing its recordkeeping procedures for accuracy. The facility is also evaluating ways in which its recordkeeping system can be improved for enhanced clarity and to help streamline future audits.

We believe that the corrective actions described above address the issues set forth in your Letter. Please do not hesitate to contact me if you should have any questions regarding this response.

Sincerely,

Justin Strochlic
Senior Legal Counsel
jss/LDB

Title	Management Name	Address	Telephone
President	Moffatt, Thomas S.	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Sr. Vice President and Treasurer	Smith, Tracy L.	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Secretary	Temple, Cecilia	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Assistant Treasurer	Cole, Joshua C.	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Assistant Treasurer	Isabella, Jr. Paul	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Assistant Secretary	Buchanan-Wood, Carrie	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Assistant Secretary	DeSousa, Kimberley M.	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Assistant Secretary	Lariviere, Leo J.	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Assistant Secretary	Letourneau, Christy L.	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Assistant Secretary	Smith, Joshua J.	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Assistant Secretary	St Angelo, Melanie K.	One CVS Drive, Woonsocket, RI 02895	401-765-1500

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

PHARMACY CONSULTANTS, LLC, a limited liability company duly organized under the laws of the State of South Carolina on November 19th, 1976, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 15th day of April, 2025

Mark Hammond

Mark Hammond, Secretary of State

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

OMNICARE OF SPARTANBURG

111 CORPORATE DR STE L
SPARTANBURG, SC 29303

PY .15213 PY
Pharmacy

License Expires on
06/30/2026

Archie "Artie" McKnight, II, Chair

Michael K. Bedenbaugh, Vice Chair

Effective Date
04/18/2025

Kayce Shealy, Board Executive

To verify current license status, go to http://verify.llronline.com/LicLookup/LookupMain.aspx

License must be displayed publicly.

Print this page

South Carolina Board of Pharmacy

OMNICARE OF SPARTANBURG
111 CORPORATE DR STE L
SPARTANBURG, SC 29303

License number: 15213
License type: Pharmacy
Status: Active
First Issue Date: 05/06/2014
Expiration: 06/30/2026
Permit Holder: Leo Lariviere

Supervised By
Amber Swann Korn - (PH)

Supervises
Tyrone Lendall Claytor - (PH)
Melissa Buchanan Reeves - (PH)
James Victor Kerzzo - (PH)
Katie Davis Daniels - (PH)
Andrew J. Bartz - (PH)
LACY ROCHELLE HORD - (PH)
LAUREN TAYLOR BROWN - (PH)
JENNIFER SERENE BUTTREY - (PH)
EVAN DOUGLAS SNOW - (PH)
GEORGE YANG - (PH)
LISA HUMCKE FREEMAN - (PH)
Andrew William Chastain - (PH)
Kimberly Mathews Boone - (PH)
ARIANNE ANANSA SEMPLE - (PHT)
IN OK CLARK - (PHT)
JELLIA LAURIO WHITFIELD - (PHT)
ANGELA C. ORR - (PHT)
REBECCA SUSAN OWSTON MRS - (PHT)
NATALIE NICHELLE SWINDLER - (PHT)
MICHAEL SHANE LOCKLEAR - (PHT)
FONG YANG - (PHT)
KIP A FORTENBERRY - (PHT)
NICHOLAS JOSHUA HIPOLITO - (PHT)
CINDY DARLENE CRAVEN - (PHT)
TIMOTHY YANG - (PHT)
JASMINE NICOLE BATES - (PHT)
ASHLEY ABRON - (PHT)
Beverly Parham Aiken - (PHT)
DEBBIE LYNN GOSNELL - (PHT)
JENNIFER ELIZABETH REDDICK - (PHT)
KAREN CAMILLE EDGE - (PHT)
JASMINE TAYLER DORSETT - (PHT)
DANIKA ANELIA DELAY - (PHT)
AMY LEE JENKINS - (PHT)
JOHN KYLE LAWSON - (PHT)
STEPHANIE ANNE NORRIS - (PHT)
WENDI TERESA FISHER - (PHT)
BELISA PHELPS - (PHT)
CONNIE A COX - (PHT)
KATHLEEN ELIZABETH BARTSCH - (PHT)
Dhruvita D. Patel - (PHT)
Ashley Blair Kelly - (PHT)
SHIMIKA D KANOY - (PHT)
TRACY R. VALENTINE - (PHT)
Bessie Marie Plumley - (PHT)
Amanda DeeAnn Roark - (PHT)
HARLEY REBECCA BRANCH - (PHT)
RODERICK S. MURRAY - (PHT)

BRENDA LEE TELLEZ - (PHT)
ANGELA ELAINE BUSBEE - (PHT)
TOU VANG - (PHT)
MARY MARGARET ABSHER - (PHT)
LINDA MICHELLE EZELL - (PHT)
Shalon Evette Griffith - (PHT)
Chanthan Sem - (PHT)
Tina Marlene Montgomery - (PHT)
MAURA ALEXA ADAMS - (PHT)
MELISSA N WYATT - (PHT)
STACEY L PATTERSON - (PHT)
THOMAS VERNON GRIFFIN - (PHT)
KELSEY MAYNARD - (PI)
Bre'Anna Nicole Crockett - (PI)
Vrunda Jigneshkumar Patel - (PI)
Joel David Sebok - (PH)
BREANNA LYNN SHAFFER - (PH)

File a Complaint against this licensee

No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

Board Public Action History:

View Orders | View Other License for this Person

No Orders Found

Full Name	Job Title	Full or Part Time	License Number	License Expiration Date	License Issue Date
Amber Korn	Pharmacist in Charge OCR	FULL	37194	4/30/2026	
Andrew Chastain	IV Pharmacist OCR	FULL	11092	4/30/2026	
Angela Busbee	RX Tech,FE OCR	FULL	39655.CPT	6/30/2025	
Angela Orr	RX Tech,BE OCR	FULL	46919.CPT	6/30/2025	
Anthony Propes	Dispensing Pharmacist OCR	FULL	37304	4/30/2026	
Arianne Semple	Advanced RX Tech,BE OCR	FULL	38930.PT	6/30/2025	
Ashley Kelly	Lead RX Tech,FE OCR	FULL	24220.CPT	6/30/2025	
B. Aiken	Advanced RX Tech,BE OCR	FULL	19784.PT	6/30/2025	
Belisa Phelps	Support Staff FE OCR	FULL	40413.CPT	6/30/2025	
Bessie Plumley	RX Tech,BE OCR	FULL	15361.CPT	6/30/2025	
Chanthan Sem	Support Staff FE OCR	FULL	23637.CPT	6/30/2025	
Cindy Craven	RX Tech,BE OCR	FULL	45125.PT	6/30/2025	
Constance Cox	RX Tech,FE OCR	FULL	41136.CPT	6/30/2025	
Crystal Holland	RX Tech,FE OCR	FULL	45936.PT	6/30/2025	
Dulce Vargas	RX Tech,FE OCR	FULL	58656.PT	6/30/2025	
Evan Snow	Dispensing Pharmacist OCR	FULL	12230	4/30/2026	
Fong Yang	Advanced RX Tech,BE OCR	FULL	40274.PT	6/30/2025	
George Yang	Dispensing Pharmacist OCR	FULL	12341	4/20/2026	
Harley Branch	Advanced RX Tech,BE OCR	FULL	36050.CPT	6/30/2025	
In Ok Clark	RX Tech,BE OCR	FULL	40066.PT	6/30/2025	
Jennifer Weber	Advanced RX Tech,BE OCR	FULL	46968.CPT	6/30/2025	
Jenny Yang	Dispensing Pharmacist OCR	FULL	37985	4/30/2026	
Jessica Burke	RX Tech,FE OCR	FULL	40756.CPT	6/30/2025	
John Lawson	RX Tech,FE OCR	FULL	29912.CPT	6/30/2025	
Kate Kudrik	Support Staff FE OCR	PART	56222.CPT	6/30/2025	
Kathleen Bartsch	RX Tech,BE OCR	FULL	52404.CPT	6/30/2025	
Katie Daniels	Dispensing Pharmacist OCR	FULL	35573	4/30/2026	
Kimberly Boone	Dispensing Pharmacist OCR	FULL	11152	4/30/2026	
Kip Fortenberry	RX Tech,BE OCR	FULL	40930.PT	6/30/2025	
Kristen Gjennestad	RX Tech,BE OCR	FULL	31618.PT	6/30/2025	
Lacy Hord	Dispensing Pharmacist OCR	FULL	42128	4/30/2026	
Landen Brady	Support Staff BE OCR	FULL	63095.PT	6/30/2025	
Lauren Brown	IV Pharmacist OCR	PART	43576	4/30/2026	
Logan Catoe	RX Tech,BE OCR	FULL	66397.PT	6/30/2025	
Marianne Kiss	RX Tech,FE OCR	FULL	33993.CPT	6/30/2025	
Mary Absher	Lead RX Tech,BE OCR	FULL	43218.CPT	6/30/2025	
Maura Adams	Lead RX Tech,BE OCR	FULL	24997.CPT	6/30/2025	
Melissa Reeves	Pharmacist	FULL	14418	4/30/2026	
Melissa Wyatt	RX Tech,BE OCR	FULL	28408.CPT	6/30/2025	
Michael Marcoux	Dispensing Pharmacist OCR	FULL	42887	4/30/2026	
Natashia Green	RX Tech,FE OCR	FULL	33334.CPT	6/30/2025	
Nicholas Hipolito	Cdr Maintenance OCR	FULL	41306.PT	6/30/2025	
Priyanka Patel	Dispensing Pharmacist OCR	FULL	44114	4/30/2026	
Rebecca Owston	Compliance RX Tech,FE OCR	FULL	62960.PT	6/30/2025	
Rebecca Phothong	RX Tech,FE OCR	FULL	49182.CPT	6/30/2025	
Roderick Murray	RX Tech,FE OCR	FULL	37416.CPT	6/30/2025	
Sarah Shealy	RX Tech,FE OCR	FULL	42737.CPT	6/30/2025	
Shimika Kanoy	RX Tech,BE OCR	FULL	26243.CPT	6/30/2025	
Sonja Littlejohn	RX Tech,FE OCR	FULL	26520.CPT	6/30/2025	
Stacey Patterson	Assoc Mgr,Front End OCR	FULL	10623.CPT	6/30/2025	
Stephanie Norris	Assoc Mgr,Back End OCR	FULL	34263.CPT	6/30/2025	
Tabatha Cartee	RX Tech,FE OCR	FULL	25357.PT	6/30/2025	

Thomas McCormick	Support Staff BE OCR	FULL	68519.PT	6/30/2025
Tiffaney Syprasert	Advanced RX Tech,BE OCR	FULL	62386.PT	6/30/2025
Timothy Yang	Support Staff BE OCR	FULL	62715.PT	6/30/2025
Tracy Valentine	RX Tech,BE OCR	FULL	26395.CPT	6/30/2025
Tyrone Claytor	Dispensing Pharmacist OCR	FULL	11308	4/30/2026
Violet Prescott	Support Staff BE OCR	FULL	59035.PT	6/30/2025
Wendi Fisher	Advanced RX Tech,BE OCR	FULL	34733.CPT	6/30/2025
Zennita Chan	RX Tech,FE OCR	PART	33329.CPT	6/30/2025

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

OMNICARE OF SPARTANBURG

111 CORPORATE DR STE L
SPARTANBURG, SC 29303

PY .15213 PY

Pharmacy

License Expires on
06/30/2026

Archie "Artie" McKnight, II, Chair

Michael K. Bedenbaugh, Vice Chair

Effective Date
04/18/2025

Kayce Shealy, Board Executive

To verify current license status, go to http://verify.llronline.com/LicLookup/LookupMain.aspx

License must be displayed publicly.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Pharmacy Consultants, LLC dba Omnicare of Spartanburg
Pharmacy/Wholesaler License # (if applicable): PENDING
Physical Address: 111 Corporate Dr Ste L
City: Spartanburg State: SC Zip: 29303-5040
Mailing Address (if different from physical address): One CVS Dr, MC 1160
City: Woonsocket State: RI Zip: 02895
Telephone: 864-574-5220 Website: N/A
Licensing Company Email: PermitInfo@CVSHealth.com

Section 2: Personal Information

First: Joel Middle: David Last: Sebok
Alias(es, nicknames, name changes, etc.):
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X
Mailing Address: [redacted]
City: [redacted] State: [redacted] Zip: [redacted]
Telephone: [redacted] Email: [redacted]
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Capella University		01/21-08/21	
Address	**City**	**State**	**Zip**
225 South 6th Street	Minneapolis	MN	55402
Diploma/Degree obtained, if any			
Master of Business Administration – MBA, Health/Health Care Administration/Management			
School Name		**From - To (MM/YY – MM/YY)**	
Chicago College of Pharmacy at Midwestern University		08/95-05/97	
Address	**City**	**State**	**Zip**
555 31st Street	Downers Grove	IL	60515
Diploma/Degree obtained, if any			
Bachelor of Science in Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Eastern Illinois University		08/91-05/95	
Address	**City**	**State**	**Zip**
600 Lincoln Avenue	Charleston	IL	61920
Diploma/Degree obtained, if any			
Prerequisites for Pharmacy School			
School Name		**From - To (MM/YY – MM/YY)**	
Eisenhower High School		08/87-05/91	
Address	**City**	**State**	**Zip**
1200 S. 16th Street	Decatur	IL	62521
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/08-Present	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in 7 pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Omnicare of Spartanburg			05/98 - Present
Business Address	**City**	**State**	**Zip**
111 Corporate Drive Suite L	Spartanburg	SC	29303
Phone	**Title**	**Number of Employed Hours**	
800-521-4648	General Manager	55,000	
Description of Duties			
General manager and pharmacist: Oversees all aspects of LTC pharmacy operations, ensuring regulatory compliance, staff, performance, and service quality. Reviews and dispenses medications, ensuring accuracy, safety, and compliance with clinical and regulatory standards.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I, Joel David Sebok, certify that as the designated representative for

Pharmacy Consultants, LLC dba Omnicare of Spartanburg,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JS I am at least 21 years of age;
3. JS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Joel Sebok

Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

8/20/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joel Sebok

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/20/25

Date

Please have this section completed in the presence of a Notary Public.

State of South Carolina, ss. County of Spartanburg

I, Joel David Sebok, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/20/25

Date

Subscribed and Sworn to before me this 20 day of August.

Belisa Phelps

Notary Public Signature

BELISA PHELPS
NOTARY PUBLIC
SOUTH CAROLINA
MY COMMISSION EXPIRES 08-17-27

Print this page

South Carolina Board of Pharmacy

PHARMACY CONSULTANTS, LLC
OMNICARE OF SPARTANBURG #48560
111 CORPORATE DR SUITE A
SPARTANBURG, SC 29301

License number: 18191
License type: Pharmacy
Status: Active
First Issue Date: 10/02/2018
Expiration: 06/30/2026
Permit Holder: Leo Lariviere

Supervised By
Anthony Ryan Propes - (PH)

Supervises
Eric Reid Cornell - (PH)
TAYLOR MATTHEW SANDERS - (PH)
Jill H Greene - (PH)
Monica L Burleson - (PH)
TABATHA D CARTEE - (PHT)
CRYSTAL HAMBRICKS HOLLAND - (PHT)
NICOLE ALEXANDRIA REAUME - (PHT)
AMBER CHRISTINE OWENS - (PHT)
TYLER AYANNA COHEN - (PHT)
ALBERT MICHAEL THOMPSON - (PHT)
STEPHANIE WEBBER HUGHES - (PHT)
MELINDA KAY MAYFIELD - (PHT)
AUDREY LEE TAYLOR - (PHT)
SHENEQUA YASHONDA WHITNER - (PHT)
MARIANNE JAIME KISS - (PHT - CPT)
JESSICA SUE BURKE - (PHT - CPT)
Samantha Leigh Griffin - (PHT - CPT)
Misty Dawn Rodland - (PHT - CPT)
Terrye W. Staggs - (PHT - CPT)
KENSLEY DANIELL OXENDINE - (PI)
Kristine Michele Losee - (PH)

File a Complaint against this licensee

No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

Board Public Action History:

View Orders | View Other License for this Person

No Orders Found

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Business e-Profile ID:	807689		**Inspection Information**
Legal Business Name:	Pharmacy Consultants LLC	**Conference Call Date:**	N/A
Doing Business As (DBA):	Omnicare of Spartanburg	**Start Time: 24-hour format (13:00)**	N/A
Address:	111 Corporate Drive, Ste L	**End Time: 24-hour format (13:00)**	N/A
City:	Spartanburg	**Onsite Inspection Date(s):**	10/24/2024
State:	South Carolina	**Start Time(s): 24-hour format (13:00)**	9:45
Zip Code:	29301	**End Time(s): 24-hour format (13:00)**	16:30
Telephone number:	864/574-5220	**Inspector Name(s):**	Reginal Bellamy
Toll free number:	NA	**Inspection performed by (NABP, State, etc):**	NABP
Fax number:	N/A	**Observer Name/Affiliation (if applicable):**	N/A
Website:	N/A	**Observer Name/Affiliation (if applicable):**	N/A

Focused Information

The following, if any, are specific Section(s) and/or Question(s) to which the facility may want to consider further response. The facility is encouraged to read the inspection report in its entirety and carefully. As this Focused Information section is not all inclusive, there may be Section(s) and/or Question(s) not noted below to which the facility may want to consider further response.

General Pharmacy- 47.06, 47.07, and 47.10

Sterile- 32.0, 32.6-32.8, 33.0, 33.4-33.7, 33.12, 33.13, 33.14, and 33.15

Additional information on NABP's inspection website.

NABP Disclaimer: NABP can only verify the authenticity of an Inspection Report if it is transmitted directly from NABP to an intended recipient. NABP cannot verify the authenticity of an Inspection Report transmitted from any other party.

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Pharmacy Hours of Operation	Check if 24/7 ☑		
	Open Start Time: (24-hour format)	End Time: (24-hour format)	Closed (X)
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Key Pharmacy Personnel	Name	Contact (e-mail)	e-Profile ID
Pharmacist in Charge	Amber Korn	Not Provided	695705
Nonsterile Designated person(s)	Mary Absher, Pharmacy Technician	Not Provided	Not Provided
Sterile Designated person(s)	Stephanie Norris, Pharmacy Technician	Not Provided	Not Provided
Hazardous Designated person(s)	N/A		

Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Amber Korn	Pharmacist-in-Charge	Y
2	Mary Absher	Pharmacy Technician	Y
3	Melissa Wyatt	Pharmacy Technician	Y
4	Lauren Brown	Pharmacist	Y
5	Arianne Semple	Pharmacy Technician	Y
6	Renee Aiken	Pharmacy Technician	Y
7	Joel Sebok	General Manager	Y
8			
9			
10			

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present.

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Business Licensure Information for State of Residence and Federal (board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	Registration/License Type	Registration/License Number & Expiration Date
South Carolina Department of Labor, Licensing and Regulation - Board of Pharmacy	Pharmacy Consultants LLC dba Omnicare of Spartanburg	Pharmacy	License #15213/ exp.06/30/2025
South Carolina Department of Labor, Licensing and Regulation - Board of Pharmacy	Pharmacy Consultants LLC dba Omnicare of Spartanburg	Controlled Substance - Pharmacy	License#1015213/ exp. 04/01/2025
Drug Enforcement Administration	Pharmacy Consultants LLC dba Omnicare of Spartanburg	DEA (Facility)	DEA FP4684848/ exp. 10/31/2024

Inspector Notes: List states in which Non-Resident licenses are held. NC; The pharmacy does not buy, sell, and bid on overstock drugs. Corporate handles supplier contracts. No biologics are compounded at the facility. Per the PIC, all dispensed drugs do not require further manipulation. The pharmacy did not stock ReliOn insulin.

Documents collected as part of the inspection.
To obtain a copy of these documents please contact the facility directly. They are not included in the final report.

Document Name	Description
Doc01_GP_10.00	Non-Sterile Compounding Records

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	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail		Central Fill/Processing/Shared Services	X
Open to the Public		Nuclear Pharmacy	
Closed Door	X	Specialty Pharmacy	
Drive-through window		White bagging/ clear bagging	
Mail- in state (eg prescriptions are mailed through USPS or through common carrier) *See table below*	X	Outsourcing Facility	
Mail- out of state (eg prescriptions are mailed through USPS or through common carrier) *See table below*	X	FDA Registered Drug Establishment (eg Manufacturer, repackager, relabeler)	
Local Delivery (if out of state describe in note)		Wholesale Distributor	
Veterinary Pharmacy (occasionally dispenses prescriptions for animals)		Specialty Pharmacy	X
Institutional (hospital or correctional facility)		Handles Medical Marijuana	
Long-Term Care (nursing home, residential care)	X	Nonsterile Compounding	X
Investigational Drugs, Clinical Trials/Research		Nonsterile Hazardous Drug Compounding	
Telepharmacy		Sterile Compounding	X
Internet Pharmacy		Sterile Hazardous Drug Compounding	

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Compounded Nonsterile Preparations (CNSPs) Type "X" for all that apply		Compounded Sterile Preparations (CSPs) Type "X" for all that apply	
CNSPs with controlled substance(s)	X	CSPs with controlled substance(s)	X
CNSPs with vitamins or nutritional supplements		CSPs with vitamins or nutritional supplements (includes total parenteral nutrition)	X
CNSPs sold to other pharmacies - If so, list to whom – instate, out of state, under common ownership/shared services – central fill agreement, and state if patient specific or distributed		CSPs sold to other pharmacies - If so, list to whom - in state, out of state, under common ownership/shared services - central fill agreement, and state if patient specific or distributed	
Patient specific (compounded preparation labeled for an individually identified patient):		**Patient specific** (compounded preparation labeled for an individually identified patient):	
CNSPs for animals		CSPs for animals	
CNSPs for human patients	X	CSPs for human patients	X
Distributed (compounded preparation leaves the pharmacy without a patient-specific label eg non patient-specific):		**Distributed** (compounded preparation leaves the pharmacy without a patient-specific label eg non patient-specific):	
CNSPs for animals		CSPs for animals	
CNSPs for human patients		CSPs for human patients	
CNSPs to practitioners for office use		CSPs to practitioners for office use	
CNSPs to hospitals, clinics, or surgery centers		CSPs to hospitals, clinics, or surgery centers	

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Types of CNSPs:		Categories of CSPs:	
Aqueous	X	Category 1 CSPs	X
Nonaqueous	X	Category 2 CSPs	X
Specific types:		Category 3 CSPs	
Solid oral preparations		Types of CSPs:	
Liquid oral preparations		Allergenic extracts	
Otic preparations		Allergenic extracts in addition to prescription patient sets	
Rectal preparations		Immediate Use	
Vaginal preparations		Proprietary bag and vial systems	
Topical preparations:	X	Blood-derived or other biological material (eg autologous serum)	
Nasal and sinus preparations:		Sterile injections/ sterile infusions	X
Other (please list):		Ophthalmic dosage forms	
		Baths and soaks for live organs and tissues	
		Implants/ Pellets	
		Other (please list):	

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Facility Size in Square Feet *(can be approximated)* and Number of PECs		Personnel	
Total Pharmacy size:	30000	Total Pharmacists:	16
Nonsterile Compounding Room size:	84	Number of Compounding Pharmacists:	12
Nonsterile Compounding powder hoods number:	0	Total Student Interns:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	0	Total Technicians:	47
Nonsterile HD Compounding CVE/BSC/CACI hoods number:	0	Number of Compounding Technicians:	2
Sterile Compounding Ante Room size:	144	Of technicians, how many are nationally certified?	0
Sterile Compounding Clean/Buffer Room size:	354	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number LAFW hoods/areas:	3(2 Germfree LAFW, 1 Baker)	Total Other Unlicensed Personnel:	25
Sterile Compounding Number BSC hoods:	0	Ratio #Technician(s) : #Pharmacist(s) present at time of inspection:	4: 1 (2 techs are state certified), 1: 3 if only one tech is state certified)
Sterile Compounding Number CAI/CACI hoods:	0	If multiple compounding suites are present under this licensed location (eg outsourcing facilities or hospital health systems), describe in notes other spaces where compounding occurs (eg location name, approximate size of space, and number and type of PECs:	N/A
Negative Pressure Sterile HD Room size:	0		
Sterile HD Compounding Number of BSC hoods:	0		
Sterile HD Compounding Number of CACI hoods:	0		

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Indicate the drug name, dosage or strength, and the size of the CSP sample obtained for testing. (N/A if no sample)	N/A
Indicate the areas/rooms of the pharmacy entered to perform the CSP inspection. If the inspector did not fully garb and enter buffer room(s), indicate reason.	Main Pharmacy, Non-Sterile Compounding Room, Packing Area. The inspector did not enter the room because he could see inside the entire IV room from the outside.

Volume Dispensed		Volume Distributed	
Total Prescriptions Dispensed/day:	4000	Total Orders Distributed/day:	1
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	5%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	1%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	5%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	0%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription drug or compounded preparation pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription drug or compounded preparation to a prescriber, another pharmacy, or health care entity for office use or stock and is NOT patient-specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription drugs and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Alabama (AL)			
Alaska (AK)			
Arizona (AZ)			
Arkansas (AR)			
California (CA)			
Colorado (CO)			
Connecticut (CT)			
Delaware (DE)			
District of Columbia (DC)			
Florida (FL)			
Georgia (GA)			
Hawaii (HI)			
Idaho (ID)			
Illinois (IL)			
Indiana (IN)			
Iowa (IA)			
Kansas (KS)			
Kentucky (KY)			
Louisiana (LA)			
Maine (ME)			
Maryland (MD)			
Massachusetts (MA)			
Michigan (MI)			
Minnesota (MN)			
Mississippi (MS)			
Missouri (MO)			
Montana (MT)			

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States to which the pharmacy mails/delivers prescription drugs and volume dispensed, and volume distributed per day (or week or month):
Note: If not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Nebraska (NE)			
Nevada (NV)			
New Hampshire (NH)			
New Jersey (NJ)			
New Mexico (NM)			
New York (NY)			
North Carolina (NC)	1500	1500	day
North Dakota (ND)			
Ohio (OH)			
Oklahoma (OK)			
Oregon (OR)			
Pennsylvania (PA)			
Rhode Island (RI)			
South Carolina (SC)	1500	1500	day
South Dakota (SD)			
Tennessee (TN)			
Texas (TX)			
Utah (UT)			
Vermont (VT)			
Virginia (VA)			
Washington (WA)			
West Virginia (WV)			
Wisconsin (WI)			
Wyoming (WY)			
Other:			

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General Pharmacy Inspection

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Pharmacy Consultants LLC dba Omnicare of Spartanburg
e-Profile ID: 807689
Inspection Date: 10/24/2024

		Observation	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	40 hours per week.
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	No	
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	No	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	No	
8.00	Are photographs allowed during the inspection (**no PHI**)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		Amber Korn, PIC, Joel Sebok, General Manager, Lauren Brown, IV pharmacist

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		Observation	Notes
Types of Practice Additional Questions	If any part of a question is no, enter "No" and explain the observation.		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	Yes	Majority of the prescriptions are delivered to Long Term Care and Hospice Facilities. Approximately 50 percent are distributed to North Carolina and South Carolina each. The drugs are delivered to Long Term Care facilities in Hickory, Wando, and Charleston, SC, and Raleigh, NC.
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	Yes	The Pharmacy distributes E-Kits and Narc E-Kits to facilities in NC and SC.
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	Yes	The pharmacy distributes E-Kits and Narc E-Kits to facilities. Facility staff can access the Narc E-Kit after an order is received by the pharmacy. The pharmacy provides the codes for staff to access the Narc E-Kit, and the patient is charged for the medications. Facility staff can access the standard E-Kits without sending an order first. The facility sends the orders for medications after the drugs are removed and administered to the patient. The pharmacy charges the facility for medications that are unaccounted for and for which no orders are received.
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	Yes	Less than 1 percent.
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	Yes	Less than 1 percent.

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Inspection Date: 10/24/2024

		Observation	Notes
	General Operations and Licensure If any part of a question is no, enter "No" and explain the observation.		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	No	Closed door pharmacy (they are posted).
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	SC BOP conducted an inspection on 10/29/21, and no deficiencies were documented. SC DHEC conducted an inspection on 5/20/24.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	No	No deficiencies were noted.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	Yes	DEA last inspected the pharmacy in 02/28/2020.
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	

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		Observation	Notes
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	No	
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	The pharmacy maintains records onsite for 2 years before sending them offsite to Iron Mountain for storage for up to 10 years. The network went down for approximately 14 hours due to hurricane Helene, but no reports of records being lost were made.
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	Verbal orders from the hospice are reduced to writing and scanned into the system. Both written and verbal records are kept onsite for the entire retention period: 3 years onsite and 7 years offsite, with records maintained by Iron Mountain.
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Records are kept onsite for 3 years and offsite for up to 10 years, maintained by Iron Mountain.
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Records are maintained electronically for a minimum of 2 years and offsite with Iron Mountain for up to 10 years.
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	The system maintains prescription records and prevents the information from being deleted after the medication is dispensed.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	Yes	Records are maintained by Iron Mountain and are easily retrievable.
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	Whichever state has stricter regulations, handled by corporate compliance team.

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e-Profile ID: 807689
Inspection Date: 10/24/2024

		Observation	Notes
	Personnel If any part of a question is no, enter "No" and explain the observation.		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	Corporate handles the initial verification, after which the PIC conducts the onsite verification.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	The verification process is conducted annually based on licensure renewal: training is in June for pharmacy technicians, in April for pharmacists in South Carolina, and in December for pharmacists and pharmacy technicians in North Carolina.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate retio used and the maximum number of staff who work at the same time.*	Yes	The PIC
	Facility and Security If any part of a question is no, enter "No" and explain the observation.		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	The facility is equipped with an alarm system and surveillance systems throughout the pharmacy, along with electronic badge entry for pharmacy staff.
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	Yes	
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	

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		Observation	Notes
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	No destruction onsite
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	The pharmacy sends all expired, damaged, and recalled prescription products to Inmar.
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	Iron Mountain/ Weekly
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	N/A	Closed door pharmacy.
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	The temperature in the drug storage area was 73.18°F. The SmartSense System sets the ambient temperature range between 68°F and 77°F. The pharmacist receives an alert if temperatures fall outside of this set range.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	The temperature is monitored 24/7 through SmartSense. The PIC and general manager are notified when the temperatures are out of range.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	The refrigerator temperature is monitored through the SmartSense System. The PIC and general manager receive an alert when temperatures are out of range

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		Observation	Notes
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	The temperature range set for refrigerators is 36-46°F. The current temperatures are as follows: RX Cooler 1 - 41.68°F, RX Cooler 5 - 37.74°F, and RX Cooler 3 - 37.85°F.
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	The SmartSense System provides alerts to the PIC or General Manager when the temperature is out of range. The alert is when the temperature is above -4°F.
42.01	Is the temperature in the freezer within the USP range (between −25° to −10°C or −13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	Yes	RX Freezer 1- 12.33° F
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	The pharmacy has gas generators and recently operated on generator power for a week due to Hurricane Helene. According to the PIC, no temperature excursions occurred during this time.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	Yes the pharmacy will use generator or transport drugs to another facility.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	Same as above.
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	Yes	ALV, ODE2, TCGRX, MTS350
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	Yes	All areas in the pharmacy where hazardous drugs are stored and packed are marked with pink tape to indicate hazardous areas.

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		Observation	Notes
Product Receipt and Inventory	If any part of a question is no, enter "No" and explain the observation.		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	Corporate handles the process for selecting vendors. Per the PIC, the pharmacy uses McKesson, CVS, and Vanguard.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	Yes	CVS Distribution Center.
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	Cardinal Healthcare.
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	No	Handled by corporate.
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	No	Handled by corporate.
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	Per the DSCSA policy, every invoice is stamped and verified by the pharmacist.
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	None to date; The policy is to Quarantine, basket and held there and purchased, investigation,

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		Observation	Notes
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	No	Process is handled by corporate.
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	Process is handled by corporate.
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	No	
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	Yes	The PIC
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	Yes	CSOS
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Yes	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	Handled electronically.

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Facility Name: Pharmacy Consultants LLC dba Omnicare of Spartanburg
e-Profile ID: 807689
Inspection Date: 10/24/2024

		Observation	Notes
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	No	No incidents reported.
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	Yes	
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	Yes	Reconciled daily.
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	Yes	5/1/2024 inventory, opening of business
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	No
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	Yes, patient specific.
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	Yes	Yes, NC
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	N/A	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	The pharmacy staff check for outdates monthly.
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

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		Observation	Notes
60.02	How often is active-stock examined for drugs past the expiration date?	[redacted]	
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	Yes	The Beyond Use Date (BUD) used is one year or less if the expiration date on the manufacturer's container is shorter
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	Yes	The Beyond Use Date (BUD) used is one year or less if the expiration date on the manufacturer's container is shorter
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	Yes	The pharmacy only returns tablets to stock from Long Term Care Facilities if they have not been tampered with. The pharmacy does not reuse topicals or oral solutions.
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	Yes	
	Prescription Processing If any part of a question is no, enter "No" and explain the observation.		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Items come from the facility or directly from providers, and verbal verification is conducted.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	Hard copies, faxed documents, electronic records, and verbal communication (from hospice) are all utilized.
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Yes, the pharmacist confirms that orders come from hospitals and clinics.

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		Observation	Notes
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Both.
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	Yes	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	The information entered is verified by a pharmacist and checked verified at the before packaged.
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	The clinical pharmacy team will handle the prospective review. The onsite pharmacist will conduct another DUR review and perform the final verification before the product is shipped.
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	Yes	Clinical Pharmacology.
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	

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		Observation	Notes
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	Per the PIC, pharmacists are required to check the state PMP for controlled substance prescriptions.
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	Yes	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	The pharmacist has override capabilities, which are documented in the patient's profile.
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	Yes	First Databank
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	N/A	
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	
70.00	**Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	The pharmacy staff members each have individual passwords.

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		Observation	Notes
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	Yes	All Omnicare facilities.
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	Yes	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	Yes	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	Yes	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	Yes	Standard E-Kits, IV kits, and narcotic kits are sent to long-term care facilities, skilled nursing facilities, and group homes.
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	No	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	

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		Observation	Notes
	Patient Counseling and Communication If any part of a question is no, enter "No" and explain the observation.		
75.00	Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	
75.01	Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	N/A	
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	The pharmacy provides the information with the prescriptions and a pharmacist is available 24/7.
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	

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		Observation	Notes
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	The information is shipped to the facility with the prescription. Some of it is handled by the clinical corporate team.
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	The information is shipped to the facility along with the prescription. Some of the information is managed by the clinical corporate team
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	Yes	The REMS program is handled by corporate. (Clozapine)
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	The information is documented in the patient profile.
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	The pharmacy is open 24/7 with a pharmacist available at all times.
85.00	Are processes in place to handle a drug recall?	Yes	
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	No	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	No	

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		Observation	Notes
	Quality Assurance/Quality Improvement Program If any part of a question is no, enter "No" and explain the observation.		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	Handled by corporate.
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Both electronic and hard copy.
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Electronic.
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	

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		Observation	Notes
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	The PIC performs the root cause analysis monthly.
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	Yes	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	

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		Observation	Notes
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	Yes	Handled by corporate.
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	Yes	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

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Nonsterile Compounding Inspection for USP <795>

Facility Name: Pharmacy Consultants LLC dba Omnicare of Spartanburg
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Inspection Date: 10/24/2024

	Standard Operating Procedures for Compounded Nonsterile Preparations (CNSPs)	Observation	Inspector Notes	USP Reference(s)
			Please note NABP did not review each SOP for alignment on USP <795>. The SOP(s) described below is/are a reflection of any self-assessment completed by the pharmacy and/or shared with the inspector during the onsite inspection.	
1.0	Does the pharmacy have standard operating procedures (SOPs) on all aspects of the compounding operation that cover the minimum topic requirements in USP <795> standards? ***If no, document "missing" in Inspector Notes*** ***If yes, document the name, number, and version of each SOP in the Inspector Notes.***	Yes		11
1.1	**Buildings and Facilities:** The pharmacy has an SOP for the compounding facility. ***Inspector note: Per USP <795>, there is a written SOP for "the method of designation" for the area designated specifically for nonsterile compounding and processes for maintaining, cleaning, and sanitizing the compounding area and equipment.***		033.3 –Non-Sterile Compounding Requirements	4.1, 5, 11
1.2	**Personnel Training and Evaluation:** The pharmacy has an SOP describing the training program, the frequency of training, and the process for evaluating the competency of personnel. ***Inspector note: Per USP <795>, "Facility SOPs must describe procedures for monitoring and observing of compounding activities and personnel."***		033.3 –Non-Sterile Compounding	2, 11
1.3	**Personal Hygiene and Garbing:** The pharmacy has an SOP regarding personal hygiene, glove, and garbing requirements consistent with compounding activities. ***Inspector note: Per USP <795>, "Garbing requirements and frequency of changing garb must be determined by the facility and documented in the facility's SOPs."***		033.3 –Non-Sterile Compounding Requirements	3.3, 11
1.4	**Components:** The pharmacy has an SOP describing selection, handling, storage, and inventory control of all components used in compounding. ***Inspector note: Per USP <795>, "The compounding facility must have written SOPs for the selection and inventory control of all components from receipt to use in a CNSP."***		033.3 –Non-Sterile Compounding Requirements SOP 004 13 –Drug Supply Chain & Security Act (DSCSA) Compliance SOP 51 –Corporate Approved Vendors 032 –Medication, Product, and Supply Storage and Transport	6.2, 11

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Nonsterile Compounding Inspection for USP <795>

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		Observation	Inspector Notes	USP Reference(s)
1.5	**Temperature Monitoring:** The pharmacy has an SOP regarding temperature monitoring and handling of excursions. ***Inspector note: Per USP <795>, "The compounding facility must adhere to SOPs to detect and reduce the risk of temperature excursions within the storage area(s)."***		033.3 –Non-Sterile Compounding Requirements 058 –Temperature Monitoring	4.2, 11
1.6	**Equipment:** The pharmacy has an SOP for assessment of need for closed system processing devices (based on the types of CNSPs prepared). ***Inspector note: Per USP <795>, "Weighing, measuring, or otherwise manipulating components that could generate airborne chemical particles (e.g., active pharmaceutical ingredients [APIs], added substances, and conventionally manufactured products) must be evaluated to determine if these activities must be performed in a closed-system processing device to reduce the potential exposure to personnel or contamination of the facility or CNSPs. Examples of closed-system processing devices include containment ventilated enclosures (CVEs), biological safety cabinets (BSCs), and single-use containment glove bags. The process evaluation must be carried out in accordance with the facility's SOPs, and the assessment must be documented."***		033.3–Non-Sterile Compounding Requirements	6.1, 11
1.7	**Safety Data Sheet (SDS)/Spill Management:** The pharmacy has an SOP describing spill management and disposal. ***Inspector note: Per USP <795>, "The management and documentation of nonhazardous component spills and disposal must be described in the facility's SOPs."***		033.3–Non-Sterile Compounding Requirements 063.1 –Pharmaceutical Waste Storage and Disposal 155 –Spill Cleanup Policy 063 –Waste Disposal	6.2.5, 11
1.8	**Master Formulation Records (MFR):** The pharmacy has an SOP on the process for MFR creation and content. ***Inspector note: Per USP <795>, "Any changes or alterations to a Master Formulation Record are approved and documented in accordance with the facility's written SOP."***		033.3–Non-Sterile Compounding Requirements	7.1, 11
1.9	**Labeling:** The pharmacy has an SOP on the processes for labeling, label verification (confirming against the prescription or medication order, the MFR, and the compounding record (CR)) in order to prevent errors and CNSP mix-ups and required displayed information. ***Inspector note: Per USP <795>, "Labeling procedures must be followed as described in the facility's SOPs to prevent labeling errors and CNSP mix-ups."***		033.3–Non-Sterile Compounding Requirements 045 –Product Labeling	9, 11

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National Association of Boards of Pharmacy®
Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: Pharmacy Consultants LLC dba Omnicare of Spartanburg
e-Profile ID: 807689
Inspection Date: 10/24/2024

		Observation	Inspector Notes	USP Reference(s)
1.10	**Quality Assurance (QA)/Quality Control (QC) Program:** The pharmacy has an SOP regarding its QA and QC program, including roles of the designated person(s), trainers, compounding personnel; adherence to procedures; and prevention and detection of errors and quality issues. ***Inspector note: Per USP <795>, "QA and QC programs must be formally established and documented in SOPs that ensure that all aspects of the preparation of CNSPs are conducted in accordance with this chapter, and laws and regulations of the applicable regulatory jurisdiction."***		001 –Designated Person and Compounding Policy Implementation and Review 016 –Incident Occurrence Reporting 038.2 –Medication Defects and Occurrences 038.8 –Compounding Quality Assurance Program 054 –Product Recalls	11, 12 USP <1163>
1.11	**QA/QC Program Complaint Handling and Adverse Event Reporting:** The pharmacy has an SOP for evaluation of complaints and adverse events, including investigations and corrective actions. ***Inspector note: Per USP <795>, the pharmacy, "must develop and implement SOPs for complaint handling." SOPs are to include any state or federal requirements for reporting to government agencies (example adverse event reporting). Further, "Consider whether to initiate a recall of potentially affected CNSPs and whether to cease compounding until problems have been identified and corrected."***		038.8 –Compounding Quality Assurance Program 038.1 –Reporting Adverse Drug Events 054 –Product Recalls	1.1.3, 11, 12.1, 12.2, 12.3
1.12	**Packaging:** The pharmacy has an SOP describing packaging CNSPs. ***Inspector note: Per USP <795>, "SOPs must describe packaging of CNSPs."***		033.3–Non-Sterile Compounding Requirements 089 –Delivery Preparation and Staging 089.3 –Cold Chain Policy	11, 13.1
1.13	**Transporting:** The pharmacy has an SOP describing transporting CNSPs. ***Inspector note: Per USP <795>, there must be "written SOPs to describe the mode of transportation, any special handling instructions, and whether temperature monitoring devices are needed."*** ***If the pharmacy does not transport CNSPs, inspector should answer statement as N/A.***		033.3 –Non-Sterile Compounding Requirements 030.1 –Delivery of Medication, Equipment, or Supplies by Driver Employed by Omnicare 032 –Medication, Product, and Supply Storage and Transport 089.3 –Cold Chain Policy	11, 13.2

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		Observation	Inspector Notes	USP Reference(s)
1.14	**Recalls:** The pharmacy has an SOP describing minimum requirements for recalls. ***Inspector note: Per USP, "The facility must have procedures in place to:*** ***- Determine when recalls must be initiated, which should include procedures to immediately notify the prescriber of a failure of specifications with the potential to cause patient harm (eg, strength, purity, or other quality attributes)*** ***- Recall any unused dispensed CNSPs and quarantine any stock remaining in the pharmacy*** ***- Investigate if other lots are affected and recall if necessary*** ***An SOP for recall of dispensed CNSPs must contain:*** ***- Procedures to determine the severity of the problem and the urgency for implementation and completion of the recall*** ***- Procedures to determine the distribution of any affected CNSP, including the data and quantity of distribution*** ***- Procedures to identify patients who have received the CNSP*** ***- Procedures for disposal and documentation of the recalled CNSP (and)*** ***- Procedures to investigate and document the reason for recall."***	[redacted]	033.3 –Non-Sterile Compounding Requirements 034 –Product Recalls 038.8 –Compounding Quality Assurance Program	12.1
	Designated Person(s) and Personnel Training Program Inspector must complete the <795> Records Review module to complete this section.			
2.0	Does the pharmacy have a designated person(s) who meets the requirements in USP <795> standards? ***Inspector note: Per USP, "The compounding facility must designate one or more individuals to be responsible and accountable for the performance and operation of the facility and personnel in the preparation of CNSPs."*** ***If no, go to compliance statements.***	Yes	Mary Absher, Pharmacy Technician	1.1.4
2.1	The designated person(s) (for the QA program) has the training, experience, responsibility, and authority to perform the duties required of them.	Yes		1.1.4, 12

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		Observation	Inspector Notes	USP Reference(s)
2.2	The designated person(s) reviews facility SOPs at least every 12 months to ensure that they reflect current practice and such review is documented. ***Inspector note: Per USP, "The facility's SOPs must describe the roles, duties, and training of the personnel responsible for each aspect of the QA program... The overall QA and QC program must be reviewed at least once every 12 months by the designated person(s). The results of the review must be documented, and appropriate action must be taken if needed."***	Yes		1.1.4, 12
2.3	The designated person(s) is responsible for overseeing a training program to ensure competency of personnel involved in compounding, handling, and preparing CNSPs.	Yes		1.1.4, 2
2.4	The designated person(s) is responsible for selecting components used by the pharmacy.	Yes		1.1.4, 6.2.1
2.5	The designated person(s) is responsible for monitoring and observing compounding activities and taking immediate corrective action if deficient practices are observed.	Yes		1.1.4
2.6	The designated person(s) is responsible for ensuring SOPs are fully implemented and following up if problems, deviations, or errors are identified.	Yes		1.1.4, 11
2.7	The designated person(s) is responsible for establishing, monitoring, and documenting procedures for the handling and storage of CNSPs and/or components of CNSPs.	Yes		1.1.4
3.0	Has the pharmacy created and implemented a training program that is in compliance with USP <795> standards? ***Inspector note: Per USP, "Training and competency of personnel must be documented."*** ***Inspector is to review a minimum of five personnel records and document their observations (see <795> Records Review module).*** ***If no, go to compliance statements.***	Yes		2, 14

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		Observation	Inspector Notes	USP Reference(s)
3.1	All personnel who compound CNSPs have been initially trained and qualified before being allowed to independently compound (eg, perform their job functions). ***Inspector note: Per USP, compounding personnel are defined as "Personnel trained to compound or oversee compounding of preparations."*** ***If questions 1.0-1.12 in the records review tab for compounding personnel are answered "no" or "missing," this statement should be answered as no. For details, see Records Review module.***	Yes	CVS LEARNING HUB	2, 14
3.2	All personnel who have direct oversight, perform in-process checks, final verification of a CNSP, and/or dispense a CNSP have been initially trained and qualified (according to SOPs) being allowed to independently perform their job functions. ***If questions 1.0-1.12 in the records review tab for compounding personnel are answered "no" or "missing," this statement should be answered as no. For details, see Records Review module.***	Yes		2, 14
3.3	All compounding personnel, including those who have direct oversight of compounding personnel, have completed an initial training and at least every 12 months thereafter. ***Inspector note: Per USP, "Other personnel, who do not compound and only perform functions such as in-process checks, final verification, or dispensing of CNSPs must undergo training as required by the facility's SOPs."*** ***If questions 2.0-2.12 in the records review tab for compounding personnel or personnel who have direct oversight over compounding personnel are answered "no" or "missing," this statement should be answered no. For details, see the Records Review module.***	Yes		2, 14
4.0	Does the designated person(s) have a documented (periodic) evaluation of their direct observations for compounding activities and documentation of any deficiencies in the record? ***Inspector note: Per USP, this is a recommendation, "the designated person(s) should monitor and observe compounding activities and must take immediate corrective action if deficient practices are observed. Facility SOPs must describe procedures for monitoring and observing compounding activities and personnel."*** ***Inspector should complete the <795> Records Review module question 3.0.***	Yes		2, 14

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		Observation	Inspector Notes	USP Reference(s)
	Compounding Personal Hygiene and Garbing			
5.0	Does the pharmacy have a process to ensure all personnel entering the compounding area adhere to restrictions intended to minimize the risk of contamination in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		3
5.1	Compounding personnel are required to report to the designated person(s)conditions that may contaminate the compounding preparation area. ***Inspector note: Per USP <795>, examples of conditions that have a higher risk of contaminating the CNSP include: rashes, recent tattoos, open sores, conjunctivitis, and active respiratory infection.***	Yes		
5.2	The designated person(s) is responsible for evaluating whether compounding personnel should be excluded from working in the compounding areas before their conditions have resolved.	Yes		3
5.3	Personnel removes any unnecessary items (outer garments, jewelry that could interfere with garbing, and earbuds/headphones) before entering the compounding area. ***Inspector note: Inspector should also observe compounding area to identify any items stored that do not belong (ie, dirty garments, jackets, or electronics).***	Yes		3.1
5.4	If personnel do not remove an item, the designated person has determined that the quality of the environment and CNSPs are not adversely affected by the accommodation.	Yes		3.1
6.0	Do personnel perform hand hygiene, wear required garb and gloves, and follow requirements in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		3.3
6.1	All personnel entering the compounding area complete hand hygiene procedures.	Yes		3.2 Box 1

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		Observation	Inspector Notes	USP Reference(s)
6.2	Garb is used for all compounding activities. ***Inspector note: Per USP <795>, gloves are mandatory garb for all compounding activities.***	Yes		3.2, 3.3 Box 1
6.3	Pharmacy uses SDS to determine other garb requirements for the components and compounding activity.	Yes		3.3
6.4	Additional garb (shoe covers, hair and facial hair covers, face masks, gowns) is worn as needed for protection of the personnel/CNSPs. ***If no, please list the garb worn for the type of component and compounding activity.***	Yes		3.3
6.5	The garb purchased by the pharmacy is appropriate for the type of compounding being performed.	Yes		3.3
6.6	Garb is stored in manner that minimizes risk of contamination (away from sinks to avoid splashing, etc).	Yes		3.3
6.7	Gowns that are reused do not leave the compounding area.	Yes		3.3
6.8	Visibly soiled garb or garb with tears or punctures are changed immediately (are not reused).	Yes		3.3
6.9	Soiled garb is disposed of or sent for laundering.	Yes		3.3
6.10	Shoe covers, hair and facial hair covers, face masks, and head covers are not reused once personnel have left the compounding area.	Yes		3.3
7.0	Are non-disposable garb such as goggles cleaned then sanitized with 70% isopropyl alcohol before re-use?	Yes		3.3

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		Observation	Inspector Notes	USP Reference(s)
	Buildings and Facilities			
8.0	Does the compounding area meet the facility requirements in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		4.1
8.1	The pharmacy has a designated compounding space for nonsterile compounding.	Yes		4.1
8.2	The compounding area is well lit.	Yes		4.1
8.3	The compounding area is clean and sanitary.	Yes		4.1
8.4	The compounding area is orderly (eg, clutter free, no tripping hazards).	Yes		4.1
8.5	The compounding area is in a good state of repair.	Yes		4.1
8.6	The compounding area is designed for orderly placement of equipment and materials to prevent mix- ups among components, containers, labels, in-process materials, and finished CNSPs.	Yes		4.1
8.7	The compounding area is not being used for other activities at the same time that it is used for compounding.	Yes		4.1
8.8	The compounding area is designed, arranged, and used in a manner that minimizes cross contamination from non-compounding areas.	Yes		4.1
9.0	Is the compounding area free of carpet?	No		4.1

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		Observation	Inspector Notes	USP Reference(s)
10.0	Does the pharmacy's storage area (for CNSPs, components, equipment, and containers) meet requirements in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		4.2
10.1	The pharmacy records the temperature of the compounding storage area on days when the pharmacy is open. ***Inspector note: Per USP, "Compounding personnel must monitor temperatures in the storage area(s) either manually at least once daily on days that the facility is open, or continuously with a temperature recording device to ensure the temperature remains within the appropriate range for the CNSPs and components."*** ***If pharmacy does not use a continuous recording system, describe the frequency of temperature recording in the notes.***	Yes		4.2
10.2	The pharmacy's temperature monitoring records are readily retrievable. ***Inspector note: Per USP, "The results of the temperature readings must be documented on a temperature log or stored in the continuous temperature recording device and must be retrievable."***	Yes		4.2
10.3	Temperature monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. ***Inspector note: Per USP, "All temperature monitoring equipment must be calibrated or verified for accuracy as recommended by the manufacturer or every 12 months if not specified by the manufacturer." USP reports that these devices may be verified against a calibrated device.*** ***Monitoring devices are typically calibrated or replaced.***	Yes		4.2
10.4	Pharmacy has a process to evaluate temperature excursions. ***Inspector note: Per USP, "When it is known that a CNSP or component has been exposed to temperatures either below or above the storage temperature limits for the CNSP or component, personnel must determine whether the CNSP or component integrity or quality has been compromised and if so, the CNSP or component must be discarded."***	Yes		4.2
10.5	CNSPs, components, equipment, and containers are stored off the floor.	Yes		4.2

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10.6	CNSPs, components, equipment, and containers are stored in a manner that permits inspection and cleaning of the storage area(s).	Yes		4.2
10.7	CNSPs, components, equipment, and containers are stored in a clean environment (free of dirt, dust, and debris, and rodent/pest/insect free) to prevent contamination.	Yes		4.2
11.0	What is the current temperature of the nonsterile compounding storage area? ***Record in the Inspector Notes.***		72°F	4.2
12.0	Are plumbing fixtures, water sources, and cleanliness of sink in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		4.3
12.1	The pharmacy staff can easily access a sink within or nearby the nonsterile compounding area.	Yes		4.3
12.2	There is hot and cold running water available at the sink within or nearby the nonsterile compounding area.	Yes		4.3
12.3	The sink is emptied of all items unrelated to compounding and before being used to clean any equipment used in nonsterile compounding.	Yes		4.3
12.4	The sink is cleaned when visibly soiled (before being used to clean equipment used in nonsterile compounding).	Yes		4.3
12.5	The plumbing system is free of any defects that may contribute to contamination of CNSPs.	Yes		4.3
13.0	Is purified water, distilled water, or reverse osmosis water used for rinsing equipment and utensils used in nonsterile compounding? ***Inspector note: This is a USP recommendation.***	Yes		4.3 USP <1231>

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		Observation	Inspector Notes	USP Reference(s)
	Cleaning and Sanitizing			
14.0	What agent(s) are used for cleaning and sanitizing the nonsterile compounding area? ***Inspector note: Per USP <795>, "agents must be selected and used with consideration of compatibilities, effectiveness, and minimal potential to leave residues."*** ***List the agents in the Inspector Notes.***		TB1-3300, PeridoxRTU, and Sterile Isopropyl Alcohol 70%	5
15.0	Does the pharmacy perform cleaning and sanitizing activities on all surfaces at the minimum frequency per Table 1 and documented in a log or other record in compliance with USP <795> standards? ***Review compounding cleaning logs.*** ***If no, go to compliance statements.***	Yes		5 Table 1
15.1	All work surfaces are cleaned and sanitized at the **beginning of each shift** on days when compounding occurs.	Yes		5 Table 1
15.2	All work surfaces are cleaned and sanitized at the **end of each shift** on days when compounding occurs.	Yes		5 Table 1
15.3	All work surfaces are cleaned and sanitized **between compounding CNSPs with different components**.	Yes		5 Table 1
15.4	Floors are cleaned and sanitized daily on days when compounding occurs.	Yes		5 Table 1
15.5	Walls and ceilings are cleaned and sanitized when visibly soiled. ***Inspector note: No specific frequency is specified by USP. View compounding area walls and ceilings. If inspector observes soiled walls or ceilings, inspector should answer statement as no.***	Yes		5 Table 1
15.6	All work surfaces, floors, walls, ceilings and storage shelving are cleaned and sanitized when surface contamination (eg, splashes) or spills are known or suspected.	Yes		5 Table 1
15.7	Storage shelving is cleaned and sanitized at least every three months.	Yes		5 Table 1
16.0	Are floors in the compounding area easily cleanable, non-porous, and non-particle generating? ***Inspector note: This is a USP recommendation. Per USP, "Surfaces should be resistant to damage by cleaning and sanitizing agents."***	Yes		5

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		Observation	Inspector Notes	USP Reference(s)
	Equipment and Components FDA defines manufacturer, as used in section 510 of the Federal Food, Drug, and Cosmetic Act, includes the activities of relabelers, repackers, and salvagers. When not modified by "domestic" or "foreign," the term includes both domestic manufacturers and foreign manufacturers.			
17.0	Does the pharmacy use a closed-system processing device (eg, CVE, BSC, and single-use containment glove bags)? ***Inspector note: Per USP, examples of closed-system processing devices include: containment ventilated enclosures (CVEs), biological safety cabinets (BSCs), and single-use containment glove bags.*** ***If yes, list the type(s) in the Inspector Notes.***	N/A		6.1
18.0	Does the pharmacy select, store, clean, and maintain equipment in compliance with USP <795> standards? ***Inspector note: Per USP <795>, "Equipment surfaces that contact components are not reactive, additive, or sorptive, and must not alter the quality of CNSPs."*** ***Review certification reports, calibration records, and cleaning logs.*** ***If no, go to compliance statements.***	Yes		6.1
18.1	Equipment and supplies are readily available at the pharmacy for the types of CNSPs prepared. ***Inspector note: For example, if the pharmacy compounds with API as a component, which must be weighed, a scale or balance would be expected.***	Yes		6.1
18.2	Pharmacy has evaluated and documented the nonsterile compounding pharmacy activities for weighing, measuring, and otherwise manipulating for an assessment of risk. ***Inspector note: Per USP, "components that could generate airborne chemical particles (eg, active pharmaceutical ingredients [APIs], added substances, and conventionally manufactured products) must be evaluated to determine if these activities must be performed in a closed-system processing device to reduce the potential exposure to personnel or contamination of the facility or CNSPs."*** ***If no, inspector should describe observations.***	Yes		6.1

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		Observation	Inspector Notes	USP Reference(s)
18.3	The equipment and devices used for compounding CNSPs are clean and stored in a manner and frequency that minimizes the risk of contamination. ***Inspector note: Per USP <795>, "After compounding, the equipment must be cleaned to prevent cross contamination of the next preparation." Additionally, per Table 2:*** ***- CVE/BSC are cleaned and sanitized at the beginning and end of each shift when compounding occurs, after spills, and when surface contamination (e.g., from splashes) is known or suspected;*** ***- CVE/BSC horizontal surfaces are cleaned and sanitized between compounding of different components;*** ***- Under the work surface of a BSC is cleaned and sanitized at least monthly; and*** ***- Other devices and equipment used in compounding are cleaned before initial use, in between compounding CNSPs with different components, and following manufacturer recommendations.*** ***If no, inspector should describe observations.***	Yes		6.1 Table 2
18.4	Equipment and devices used in compounding or testing of CNSPs are inspected prior to use (to ensure they are in good working order). ***Inspector note: For example, the pharmacy may need to tare a scale and/or balance prior to use.***	Yes		6.1
18.5	Equipment and devices are verified for accuracy as recommended by the manufacturer (at the frequency recommended by the manufacturer or at least every 12 months, whichever is more frequent). ***If the pharmacy does not compound CNSPs that require equipment or devices that must be calibrated for accuracy (such as ones needed for weighing or measuring), the inspector should answer this statement as N/A.***	Yes	Scale is calibrated daily.	6.1
18.6	If a CVE or BSC is used by the pharmacy, it is certified at least every 12 months, according to the manufacturer specifications or regulations of the applicable regulatory jurisdiction. ***If the pharmacy does not have the record or documentation of the certification and maintenance of the CVE/BSC, the inspector should answer this statement as no. If the pharmacy does not have a CVE or BSC, the inspector should answer this statement as N/A.***	N/A		6.1

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		Observation	Inspector Notes	USP Reference(s)
19.0	Does the pharmacy compounding CNSPs use APIs?	N/A		6.2
20.0	Does the pharmacy select APIs that comply with the requirements in USP <795> standards? ***Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.*** ***If no, go to compliance statements.***	N/A		6.2.1
20.1	APIs comply with criteria in the USP-NF monograph, if one exists. ***If the pharmacy does not compound any CSPs that have an available USP monograph, the Inspector should answer this statement as N/A.***	N/A		6.2.1
20.2	All APIs used have a COA that includes the specifications (eg, compendial requirements for quality) and that the test results for the component show the API meets expected quality. ***Inspector note: Per USP, the API should be checked to ensure it is pharmaceutical grade and meets the requirements in the chemical monograph. COA will report an assay has been performed and will include water content (so any corrections/calculations can be performed).***	N/A		6.2.1
20.3	All APIs used are manufactured by an FDA-registered facility. ***Inspector note: This is a Federal Food, Drug, and Cosmetic Act, Section 503A, requirement as well. Inspector should verify the pharmacy looks up the name of the manufacturer listed on the COA to determine if they are registered as an FDA drug establishment https://dps.fda.gov/decrs.***	N/A		6.2.1
21.0	When formulations indicate the inclusion of water, is purified water or better quality (eg, sterile water for irrigation) used in compliance with USP <795> standards?	Yes	Purified water.	6.2.1
22.0	What type(s) of water is used for compounding CNSP? ***List the type(s) in the Inspector Notes.***		Purified water.	6.2.1

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National Association of Boards of Pharmacy®
Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: Pharmacy Consultants LLC dba Omnicare of Spartanburg
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		Observation	Inspector Notes	USP Reference(s)
23.0	Do the pharmacy's component receipt processes comply with the requirements in USP <795> standards? ***If no, go to compliance statements.***	Yes		6.2.2
23.1	For non-conventionally manufactured components, the COA is reviewed upon receipt. ***Inspector note: Per USP, "the COA must be reviewed to ensure that the component has met the acceptance criteria in an appropriate USP–NF monograph, if one exists." Pharmacy's review should be documented. Alternatively, the pharmacy can demonstrate how it's been reviewed (for example, there are notes to show a water content calculation back to 100% based on the specific COA). Inspector can verify the COA is retrievable.***	Yes		6.2.2
23.2	The pharmacy documents specific information according to the facility's SOP, including: receipt date, quantity received, supplier name, lot number, expiration date, and the results of any testing performed (whether performed in-house or through a third-party).	Yes		6.2.2, 14
23.3	For all components that lack a vendor expiration date, the pharmacy clearly and indelibly marks on each packaging system received the date the component must no longer be used by the pharmacy. ***Inspector note: Per USP, "Packaging systems of components (i.e., API and added substances) that lack a vendor's expiration date must not be used by the compounding facility after 3 years from the date of receipt. A shorter expiration date must be assigned according to Pharmaceutical Compounding—Sterile Preparations 797 , 9.3.2 Component receipt if the same component container is also used in sterile compounding or if the ingredient is known to be susceptible to degradation."***	Yes		6.2.2
23.4	Any component found to be of unacceptable quality upon receipt or reinspection prior to use is promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.	Yes		6.2.2
23.5	Any other lots of that (rejected) component from that vendor are examined to determine whether other lots have the same defect.	Yes		6.2.2

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		Observation	Inspector Notes	USP Reference(s)
24.0	Does the pharmacy re-inspect all components before use and handle them in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		6.2.3, 6.2.4
24.1	Compounding personnel visually re-inspect each component, including packaging system (any evidence of container breakage, looseness of cap or closure) and deviation from the expected appearance or texture of the contents (that might have changed during storage).	Yes		6.2.3
24.2	Compounding personnel ascertain before use that components are the correct identity based on labeling, that they have been stored under required conditions, and there is no evidence of deterioration or other aspects of unacceptable quality before use of component.	Yes		6.2.3
24.3	Components where correct identity, strength, purity, and quality cannot be confirmed (eg, containers with damaged or incomplete labeling), are immediately rejected and if not immediately discarded, labeled as rejected and segregated from active stock.	Yes		6.2.3
24.4	Compounding personnel handle all components following facility SOPs, manufacturer's instructions/labeling, and laws/regulations of the applicable regulatory jurisdiction.	Yes		1.1.3, 6.2.4
24.5	All components are handled in a manner that minimizes the risk of contamination, mix-ups, and deterioration.	Yes		6.2.4
25.0	When components are removed from the original container and not used in compounding (eg, excess after weighing), are they discarded and not returned to the original container (to minimize risk of contamination of the original component container)? ***Inspector note: This is a USP recommendation.***	Yes		6.2.4

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		Observation	Inspector Notes	USP Reference(s)
26.0	Does the pharmacy maintain a chemical hazard, spill management, and disposal information program in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		6.2.5
26.1	Pharmacy staff have access to safety data sheets (SDS).	Yes		6.2.5
26.2	Pharmacy staff have documented, annual training for those who might have to clean up a spill.	Yes		6.2.5, 14
26.3	The pharmacy has a readily accessible spill kit in the compounding area.	Yes		6.2.5
26.4	The pharmacy has a process to manage and document any nonhazardous spills and disposal.	Yes		6.2.5
26.5	Waste of any component is disposed of in accordance with laws and regulations of the applicable regulatory jurisdiction.	Yes		1.1.3, 6.2.5

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		Observation	Inspector Notes	USP Reference(s)
	Master Formulation Records (MFR) and Compounding Records (CR) **Inspector should review a minimum of five (5) MFRs and five (5) CRs.**			
27.0	Is an MFR created for each unique formulation of a CNSP in compliance with USP <795> standards? ***Inspector note: Per USP, an MFR is a detailed record of procedures that describes how the CNSP is to be prepared.*** ***If no, go to compliance statements.***	Yes		7.1
27.1	An MFR is created for each unique formulation.	Yes		7.1 Box2
27.2	Any changes or alterations to the MFR are approved and documented.	Yes		7.1
27.3	Does the designated person(s) or designee evaluate CNSP's characteristics when considering the assigned BUD for an MFR? ***Inspector note: Per USP, "When establishing a BUD for a CNSP, compounders must consider parameters that may affect quality, including but not limited to the following:*** ***- Chemical and physical stability properties of the API and any added substances in the preparation (e.g., if the API and added substances in the preparation are known to rapidly degrade over time and/or under certain storage conditions, reduce the strength of the preparation, or produce harmful impurities)*** ***- Compatibility of the container closure system with the finished preparation (e.g., leachables, interactions, adsorption, and storage conditions)*** ***- Degradation of the container closure system, which can lead to a reduction in integrity of the CNSP*** ***- Potential for microbial proliferation in the CNSP (and)*** ***- Significant deviations from essential compounding steps and procedures; changes to essential compounding steps may have an impact on the stability of the formulation."***	Yes		7.1, 10.2 Table 4

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		Observation	Inspector Notes	USP Reference(s)
28.0	Does the pharmacy's MFRs contain all requirements in compliance with USP <795> standards? ***If no, go to compliance statements. Additionally, collect a copy of the MFR and include as an attachment.***	Yes		7.1
28.1	MFR includes the name, strength or activity, and dosage form of the CNSP.	Yes		7.1
28.2	MFR identifies the identities and amounts of all components and, if applicable, relevant characteristics of components (eg, particle size, salt form, purity grade, solubility).	Yes		7.1
28.3	MFR includes the type of container–closure system(s).	Yes		7.1
28.4	MFR has complete instructions for preparing the CNSP, including equipment, supplies, and a description of the compounding steps. ***Inspector note: Per USP, the MFR will also include, "Other information needed to describe the compounding process and ensure repeatability (e.g., adjusting pH, temperature)." MFRs will include the detailed instructions necessary for an experienced compounder. Some examples of other details to ensure repeatability include, but are not limited to: speed duration, settings on equipment, and specific order of mixing (if applicable).*** ***Inspector should review several MFRs for completeness of instructions.***	Yes		7.1
28.5	MFR has a physical description of the final CNSP.	Yes		7.1
28.6	MFR includes the assigned beyond-use date (BUD) and storage requirements.	Yes		7.1
28.7	MFR contains the reference source to support the assigned BUD.	Yes		7.1

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		Observation	Inspector Notes	USP Reference(s)
28.8	Labeling requirements (eg, shake well) are described on the MFR.	Yes		7.1
28.9	If applicable, the MFR contains the calculations to determine and verify quantities and/or concentrations of components and strength or activity of APIs.	N/A		7.1
28.10	An MFR has QC procedures (eg, pH testing, visual inspection) and expected results.	N/A		7.1
29.0	Does the pharmacy complete a Compounding Record (CR) for all CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements. Additionally, collect a copy of the MFR and the CR (no PHI or PII is to be collected).***	Yes		7.2, 14
29.1	A CR is completed for each CNSP prepared.	Yes		7.2, 14
29.2	The CR includes the name, strength or activity, and dosage form of the CNSP.	Yes		7.2, 14
29.3	The CR includes the date (or date and time) the CNSP was prepared.	Yes		7.2, 14
29.4	The CR includes the assigned internal identification number (eg, prescription, order, or lot number).	Yes		7.2, 14
29.5	The CR has a method to identify the individuals involved in the compounding process of the CNSP.	Yes		7.2, 14
29.6	The CR has a method to identify the individual who completed the review and verified the final CNSP.	Yes		7.2, 14
29.7	The CR includes name, vendor or manufacturer, lot number, and expiration date of each component.	Yes		7.2, 14
29.8	The CR includes the weight or measurement of each component.	Yes		7.2, 14

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		Observation	Inspector Notes	USP Reference(s)
29.9	The CR identifies the total quantity compounded.	Yes		7.2, 14
29.10	The CR lists the assigned BUD and storage requirements.	Yes		7.2, 14
29.11	If applicable, the CR contains the calculations to determine and verify quantities and/or concentrations of components and strength or activity of API.	Yes		7.2, 14
29.12	The CR has a physical description of the final CNSP.	Yes		7.2, 14
29.13	The CR includes the results of quality control procedures (eg, pH testing, visual inspection).	Yes		7.2, 14
29.14	The CR contains a MFR reference for the CNSP.	Yes		7.2, 14
29.15	Each CR is reviewed for completeness before the CNSP is released.	Yes		7.2, 8
29.16	The CR shows traceability of all components in the case of a recall or known quality issue.	Yes		7.2, 12.1, 14
30.0	Are there procedures for in-process checks performed by a pharmacist? ***Inspector note: In-process checks are safety steps for complex, multi-step compounding processes. These checks indicate that appropriate procedures for measuring/mixing are followed for each step, including pharmacist verification of steps performed by non-pharmacists and visual inspection of preparation. Inspector should describe their observations in the Inspector Notes.***	Yes		2, 7.2, 8
	Labeling			
31.0	Are the pharmacy's labels for CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		9
31.1	Information on the label is prominently and legibly displayed. ***Inspector note: Per USP, labeling includes other accompanying materials along with the CSP, which is defined as "All labels and other written, printed, or graphic matter on the immediate container or on or inside any packaging system or wrapper in which the article is enclosed, except for any outer shipping container."***	Yes		9

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31.2	The labeling meets any state or federal regulatory requirements.	Yes		1.1.3, 9
31.3	The label on the immediate container includes an assigned internal identification number (eg, barcode, prescription, order, or lot number).	Yes		9
31.4	The label on the immediate container includes the active ingredients and their amount(s), activity(ies), or concentration(s).	Yes		9
31.5	The label on the immediate container includes the storage conditions, if other than controlled room temperature.	Yes		9
31.6	The label on the immediate container includes the BUD ***If no, please describe whether the pharmacy instead used the term "expiration date" or similar language or if this information was not included on the label.***	Yes		9
31.7	The label on the immediate container includes the dosage form.	Yes		9
31.8	The label on the immediate container includes the total amount or volume, if it is not obvious from the container.	Yes		9
32.0	Does the labeling on the dispensed CNSP include the route of administration? ***Inspector note: This is a USP recommendation.***	Yes		9
33.0	Does the labeling contain information identifying the CNSP as a compounded preparation? ***Inspector note: Per USP, this is a recommendation.***	Yes		9 USP <7>
34.0	Does the labeling on the dispensed CNSP display any applicable special handling instructions or warning statements? ***Inspector note: This is a USP recommendation.***	Yes		9
35.0	Does the labeling on the dispensed CNSP display the name of the compounding facility and contact information if the CNSP was to be sent outside of the facility or health care system? ***Inspector note: This is a USP recommendation.*** ***If the pharmacy only compounds CNSPs for patient use onsite (eg, a health care facility), inspector should answer this question as N/A.***	Yes		9

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		Observation	Inspector Notes	USP Reference(s)
	Establishing Beyond Use Dating (BUDs)			
36.0	Is each CNSP assigned and labeled with a BUD in compliance with USP <795> standards? ***Inspector note: Per USP, the BUD is defined as, "The date, or hour and date, after which a CNSP must not be used, stored, or transported. The date is determined from the date or time the preparation is compounded." This is not the same term as "expiration date."*** ***If no, go to compliance statements.***	Yes		10 USP <7>
36.1	CNSP label has a BUD that specifies the date, or the hour and date, beyond which the preparation cannot be used and must be discarded.	Yes		10.1
36.2	CNSP labels do not list an "expiration date" or equivalent language.	Yes		10.1
36.3	BUDs are assigned from the date (and time) of preparation.	Yes		10.1
36.4	BUDs are assigned based on dispensing in tight, light resistant containers/overpacks. ***Inspector note: Per USP, the Table 4 maximum limits for BUD are, "based on the ability of the CNSP to maintain chemical and physical stability and to suppress microbial growth. These BUDs represent the limit for CNSPs that are packaged in tight, light-resistant containers unless conditions in 10.4 CNSPs Requiring Shorter BUDs or 10.5 Extending BUDs for CNSPs apply."***	Yes		10.3
36.5	The BUD assigned to the CNSP does not exceed the shortest remaining expiration date of any of the commercially available starting components.	Yes		10.4

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37.0	Does the pharmacy ensure the assigned BUD does not exceed the shortest BUD of any individual compounded components? ***Inspector note: Per USP, "For CNSPs prepared from one or more compounded components, the BUD should generally not exceed the shortest BUD of any of the individual compounded components. However, there may be acceptable instances when the BUD of the final CNSP exceeds the BUD assigned to compounded components (e.g., pH-altering solutions). If the assigned BUD of the final CNSP exceeds the BUD of the compounded components, the physical, chemical, and microbiological quality of the final CNSP must not be negatively impacted." Another example of these "acceptable instances" (similar to pH-altering components mentioned above) inspectors may see are stock solutions (and other formulas within a formula) such as methocel 1%.*** ***If no, inspector should describe the observations, including the name of the component whose BUD was shorter than the assigned BUD of the final CSP.***	Yes		10.4
38.0	Does the designated person(s) evaluate a CNSP formulation to establish the maximum BUD? ***If no, who establishes the maximum BUD for a MFR?***	Yes		7.1, 10.2, 10.3
39.0	Does the pharmacy compound CNSPs with a USP monograph?	Yes		10.5
40.0	Does the pharmacy compound CNSPs following the USP monograph precisely? ***If no, go to compliance statements.***	Yes		10.5
40.1	Pharmacy staff have access to the USP monograph for reference.	Yes		10.5
40.2	CNSPs are prepared in accordance with the USP monographs. ***If no, inspector to collect a copy of the compounding record, label; and describe what specific steps of the monograph were not followed.***	Yes		10.5
40.3	Components used by the compounder match those listed in the monograph. ***If no, describe the source of the component in monograph and the source that the pharmacy used.***	Yes		10.5

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		Observation	Inspector Notes	USP Reference(s)
40.4	The maximum BUD specified in the USP monograph is not exceeded. ***If no, identify the drug, monograph-stated BUD, and the BUD used by the pharmacy.***	Yes		10.5
41.0	Does the pharmacy compound CNSPs that are not available from a USP monograph?	No		10.4
42.0	Does the pharmacy adhere to the BUD (maximum) limits established in Table 4 for CNSPs in compliance with USP <795> standards? ***Inspector note: This question is for the CNSPs compounded that are <u>not</u> following a USP monograph or those CNSPs where extending BUD requirements were applied (where pharmacy has completed or has access to CNSP-Specific Stability Information). Per USP, the pharmacy is not required to measure water activity (A_w) for a CNSP.*** ***If no, go to compliance statements.*** ***If <u>all</u> CNSPs compounded at the pharmacy are following a USP monograph or the pharmacy is following a stability study that used a stability-indicating assay analytical method for the API, CNSP formulation, and material of composition of the container closure system, then the Inspector should answer this question as N/A.***	N/A		10.4
42.1	**Non-preserved, Aqueous Dosage Forms:** The non-preserved, aqueous dosage form CNSP is labeled with a BUD that does not exceed 14 days with refrigerated storage temperature. ***Inspector note: Per USP <795>, Aqueous dosage forms are ones that have a Aw ≥ 0.6, eg, emulsions, gels, creams, solutions, sprays, or suspensions.*** ***If pharmacy does not compound non-preserved aqueous dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD, and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	N/A		10.4 Table 4 USP <659>

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		Observation	Inspector Notes	USP Reference(s)
42.2	**Preserved, Aqueous Dosage Forms:** The preserved, aqueous dosage form CNSP is labeled with a BUD that does not exceed 35 days with controlled room temperature or refrigerated storage temperature. ***Inspector note: Per USP <795>, Aqueous dosage forms are ones that have a Aw ≥ 0.6, eg, emulsions, gels, creams, solutions, sprays, or suspensions.*** ***If pharmacy does not compound preserved aqueous dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD, and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	Yes		10.4 Table 4 USP <659>
42.3	**Nonaqueous, Oral Liquid Dosage Forms:** The nonaqueous, oral liquid dosage form CNSP is labeled with a BUD that does not exceed 90 days with controlled room temperature or refrigerated storage temperature. ***Inspector note: Per USP <795>, Nonaqueous oral liquid dosage forms are ones that have a A_w < 0.6. Some examples of oral liquids that are nonaqueous include: oil-based oral solution or suspension.*** ***If pharmacy does not compound nonaqueous dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD, and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	Yes		10.4 Table 4 USP <659>

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		Observation	Inspector Notes	USP Reference(s)
42.4	**Nonaqueous Dosage Forms:** The nonaqueous dosage form CNSP is labeled with a BUD that does not exceed 180 days with controlled room temperature or refrigerated storage temperature. ***Inspector note: Per USP <795>, Nonaqueous (Solid) dosage forms are ones that have a A_w < 0.6. Some examples include capsules, tablets, granules, powders, nonaqueous topicals, suppositories, and troches or lozenges.*** ***If pharmacy does not compound other nonaqueous solid dosage forms, inspector should answer statement as N/A.*** ***If no, describe your observations including but not limited to: the name of the compounded preparation, the labeled BUD and the storage environment. Additionally, collect a copy of the master formulation record, the compounding record, and a copy of a label without PHI.***	Yes		10.4 Table 4 USP <659>
43.0	Does the pharmacy label any CNSPs with BUDs that extend beyond the maximum limits in Table 4 USP <795>?	No		10.5 Table 4
44.0	Does the pharmacy follow the requirements for labeling a CNSP with a BUD that exceeds Table 4 in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		10.5
44.1	The labeled BUD for an aqueous dosage form does not exceed 180 days. ***If no, collect a copy of the MFR, the CR, and a copy of a label without PHI.***	Yes		10.5
44.2	The labeled BUD for a nonaqueous dosage form does not exceed 180 days. ***If no, collect a copy of the MFR, the CR, and a copy of a label without PHI.***	Yes		10.5
44.3	Pharmacy is following the results of their own stability study. ***If the pharmacy only follows cited stability studies (does not conduct their own stability studies) for extending BUDs, answer this question as N/A.*** ***If pharmacy is following a bracketed study, inspector may mark this statement as yes if concentrations of CNSPs are at or within the concentrations specified within the study.*** ***If pharmacy is following a bracketed study and is using a concentration outside the study, answer this question as a no and describe observations.***	N/A		10.5

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National Association of Boards of Pharmacy®
Verified Pharmacy Program Inspection Form

Nonsterile Compounding Inspection for USP <795>

Facility Name: Pharmacy Consultants LLC dba Omnicare of Spartanburg
e-Profile ID: 807689
Inspection Date: 10/24/2024

		Observation	Inspector Notes	USP Reference(s)
44.4	The pharmacy has a copy of the cited stability study, which used a stability-indicating analytical method, for extending BUDs. ***Per USP, any stability study that meets the requirements of a stability-indicating assay method can be used (whether it is published or unpublished, such as a study provided by a chemical supplier) to extend BUDs up to 180 days for a CNSP.*** ***If pharmacy only conducts their own stability studies (does not use published or unpublished study performed by another entity) for extending BUDs, inspector should answer this question as N/A.*** ***If no, please describe the inspector observations.***	N/A		10.5
44.5	The cited stability study (which uses a stability-indicating analytical method for extending BUDs) describes the API(s), CNSP formulation, and material composition of the container closure used. ***If pharmacy only conducts their own stability studies (does not use published or unpublished study performed by another entity) for extending BUDs, inspector should answer this question as N/A.*** ***If no, please describe the inspector observations.***	N/A		10.5
44.6	If the cited stability study (which uses a stability-indicating analytical method for extending BUDs) is bracketed, the pharmacy's CNSP formulation is at or within the low and high concentration of each active ingredient within the stability study. ***If no, describe the concentrations cited in the stability study and the concentration of the CNSP compounded by the pharmacy.*** ***If pharmacy only conducts their own stability studies (does not use published or unpublished study performed by another entity) for extending BUDs, inspector should answer this question as N/A.***	N/A		10.5

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		Observation	Inspector Notes	USP Reference(s)
44.7	Aqueous CNSPs whose labeled BUDs are extended beyond Table 4, have: - been tested for antimicrobial effectiveness at least once for each formulation in the type of (with the same material composition of the) container closure system that will be used; - received study results from an FDA-registered facility (for the same CNSP formulation using the same material composition of the container closure system); or - a study published from peer-reviewed literature (for the same CNSP formulation using the same material composition of the container closure system). ***Inspector note: Pharmacy may rely on a bracketed study from the above options as long as the bracketed study information includes the low and high concentration of each active ingredient in the formulation. Per USP, this is "to establish preservative effectiveness across various strengths of the same formulation (e.g., bracketing). The concentration of all other ingredients (including preservatives) must fall within the bracketed range.***	N/A		10.5
	Quality Assurance (QA), Quality Control (QC), and Quality Management (QM) Inspector to review at least one complaint, one adverse event, and one recall (if applicable)			
45.0	Does the pharmacy have a QA/QC program to ensure that CNSPs are prepared per the requirements in USP <795> standards and any applicable regulatory requirements? ***If no, go to compliance statements.***	Yes	Pharmacy check off list	1.1.3, 12
45.1	The pharmacy has a formal QA/QC program with documented activities. ***Inspector note: Per USP, "A facility's QA and QC programs must be formally established and documented in the facility's SOPs that ensure that all aspects of the preparation of CNSPs are conducted in accordance with the requirements in this chapter (<795>) and the laws and regulations of the applicable regulatory jurisdiction."***	Yes		12
45.2	The QA/QC programs address adherence to procedures.	Yes		12
45.3	The QA/QC programs address prevention and detection of errors and other quality problems.	Yes		12

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		Observation	Inspector Notes	USP Reference(s)
45.4	The QA/QC programs address evaluation of complaints and adverse events. ***Review at least one complaint and one adverse event. If there are no complaints or adverse events, review the process that the pharmacy would follow in the event of a complaint or adverse event.***	Yes	Handled by corporate.	12
45.5	The QA/QC programs address appropriate investigations and corrective actions.	Yes		12
46.0	Has the pharmacy received any complaints related to CNSPs within the past year?	No		12
47.0	Does the pharmacy follow complaint handling requirements in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		12.2
47.1	The pharmacy has a complete written or electronic record of each complaint made. ***Inspector note: Per USP, "The record must contain the name of the complainant or other unique identifier, the date the complaint was received, the nature of the complaint, and the response to the complaint. In addition, to the extent that the information is known, the following should be recorded: the name and strength of the CNSP and the assigned internal identification number (e.g., prescription, order, or lot number). The record must also include the findings of any investigation and any follow-up. Records of complaints must be easily retrievable for review and evaluation for possible trends and must be retained."***	Yes		12.2
47.2	Complaints are reviewed in accordance with SOPs by the designated person for the QA program.	Yes		12.2
47.3	Complaints are reviewed to determine whether it indicates a potential quality problem with the CNSP.	Yes		12.2
47.4	Complaints are fully investigated.	Yes		12.2
47.5	Complaint investigations consider whether the quality problem extends to other CNSPs.	Yes		12.2

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		Observation	Inspector Notes	USP Reference(s)
47.6	Corrective action, if necessary, is implemented for all potentially affected CNSPs. ***Inspector note: Per USP, the pharmacy is to, "Consider whether to initiate a recall of potentially affected CNSPs and whether to cease nonsterile compounding processes until all underlying problems have been identified and corrected."***	Yes		12, 14
47.7	A CNSP that is returned in connection with a complaint is quarantined until it is destroyed after the completion of the investigation and in accordance with the laws and regulations of the applicable regulatory jurisdiction.	No		1.1.3, 12.2
48.0	Has the pharmacy initiated any recalls of CNSPs within the past two years? ***Inspector note: Per USP <795> requires all records to be readily retrievable for two years, including recalls; However, the state/jurisdictional regulator may require records to be kept for a longer period of time.*** ***Review most recent recall and describe in the Inspector Notes.*** ***If the pharmacy has not had any recalls within the past two years, inspector should answer the question as No.***	No		12.1, 14
49.0	Does the pharmacy follow recall and adverse event procedures for CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		12.1, 12.2, 12.3
49.1	The pharmacy has procedures to determine when recalls must be initiated.	Yes		12.1
49.2	The pharmacy documents the implementation of the recall.	Yes		12.1
49.3	Pharmacy reports recalled CNSPs to the appropriate regulatory bodies (as required by laws and regulations of the applicable regulatory jurisdiction).	Yes	Handled by corporate.	1.1.3, 12.1
49.4	Investigations into an adverse event that reveals a quality problem with a CNSP that is likely to affect other patients are reported to both patients and their prescribers.	Yes		12.3
50.0	Does the pharmacy procedures include a step to immediately notify the prescriber of a failure of specifications with potential to cause harm (eg, strength, purity, or other quality attributes)? ***Inspector note: This is a USP recommendation.***	Yes		12.1

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		Observation	Inspector Notes	USP Reference(s)
	CNSP Packaging			
51.0	Does the pharmacy's packaging processes and materials meet the requirements in USP <795>? ***If no, go to compliance statements.***	Yes		13.1
51.1	The packaging materials protect CNSPs from damage, leakage, contamination, and degradation.	Yes		13.1
51.2	The packaging materials used protects personnel from exposure (from the packaged CNSP).	Yes		13.1
52.0	The packaging materials selected by the pharmacy maintain the physical and chemical integrity and stability needed for CNSPs (eg, protect from light).	Yes		13.1
	Compounding Personnel Observations – *Inspector must observe personnel performing compounding and related activities. This section will require the inspector to observe the staff while performing compounding and related activities. It is acceptable for pharmacy staff to perform mock compounding activities (with two creams or other drugs) as long as all observations can be viewed.*			
53.0	**Personal Preparation Observation:** Before entering the compounding area, do personnel remove any items that are not easily cleanable or are not necessary for compounding in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		
53.1	Personnel removed all outer garments (eg, hats, scarves, bandanas, vests, coats, and jackets).	Yes		3.1
53.2	Personnel removed all items that are not easily cleanable and that might interfere with garbing.	Yes		3.1
53.3	Personnel removed all hand, wrist, and other exposed jewelry, including piercings, that could interfere with the effectiveness of garbing and hand hygiene (eg, watches, rings that may tear gloves).	Yes		3.1
53.4	Personnel removed earbuds or headphones.	Yes		3.1

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		Observation	Inspector Notes	USP Reference(s)
53.5	Any accommodations permitted by the designated person(s) should be documented. ***Inspector note: Per USP <795>, accommodations may be permitted as long as the quality of the CSP and environment will not be affected.***	N/A		3.1
54.0	**Hand Hygiene Observation:** Were personnel who enter the compounding area to compound observed performing the appropriate hand washing procedures in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		3.2, Box 1
54.1	All personnel who enter the compounding area to compound performed hand hygiene.	Yes		3.2 Box 1
54.2	Personnel wash hands with soap and water for at least 30 seconds.	Yes		3.2
54.3	Personnel dry their hands completely with disposable towels or wipers.	Yes		3.2
54.4	Personnel do not solely rely on the use of alcohol hand sanitizers.	Yes		3.2
55.0	***Garbing Observation:*** Were compounding personnel observed following the appropriate garbing procedures in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		3.3 Box 1
55.1	All personnel entering the compounding area are fully garbed (with the required garb as determined by the facility SOPs).	Yes		3.3 Box 1
55.2	All personnel who perform compounding activities don gloves. ***Inspector note: Per USP, "Gloves must be worn for all compounding activities."***	Yes		3.2, 3.3 Box 1
55.3	Gloves are inspected periodically for holes, punctures, or tears and replaced immediately if a defect is detected.	Yes		3.3 Box 1
56.0	Are gloves wiped or replaced before beginning compounding a CNSP with a different component or when other objects were touched (eg, pens, keyboards) to minimize risk of cross contamination with other CNSPs? ***Inspector note: This is a USP recommendation.***	Yes		3.3

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		Observation	Inspector Notes	USP Reference(s)
57.0	List the name(s) of the CNSPs observed by the inspector as part of live compounding demonstration.		The pharmacy did not compound any CNSP during the inspection. The pharmacy technician walked the surveyor through the compounding process.	
58.0	**Compounding Observation:** Are compounding personnel using appropriate nonsterile compounding techniques for CNSPs in compliance with USP <795> standards? ***If no, go to compliance statements.***	Yes		2 Box 3
58.1	The compounding personnel enter the nonsterile compounding area in accordance with the SOPs.	Yes		3.1, 4.1
58.2	The compounding personnel started with a clean compounding area for CNSPs.	Yes		4.1, 4.3, 5 Table 1
58.3	The compounding personnel selected the correct MFR for the CNSP to be prepared.	Yes		7, 7.1 Box 2
58.4	The compounding personnel performed hand hygiene. ***Inspector note: Per USP <795>, Box 1, personnel are to: wash hands with soap and water for at least 30 seconds, dry hands completely with disposable towels or wipers, and then don gloves.***	Yes		3.2 Box 1
58.5	The compounding personnel are appropriately garbed for the type of CNSP prepared.	Yes		3.3
58.6	The compounding personnel obtained the proper ingredients (APIs and/or components). ***Inspector note: All ingredients must be within date and match what is listed in the MFR. If the ingredient is an API, the COA must have already been reviewed and approved for use.***	Yes		6.2 (6.2.1 - 6.2.5)

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		Observation	Inspector Notes	USP Reference(s)
58.7	The compounding personnel gathered all necessary materials, equipment, and supplies necessary and/or specified in the MFR and is in good working order prior to use for the CNSP. ***Inspector note: All items must be clean prior to use. If equipment requires calibration and/or certification, compounder must ensure the equipment or device is within proper specifications (eg, tare scales and/or balances).***	Yes		6.1 Table 2
58.8	The compounding personnel have knowledge of and access to any SDS.	Yes		6.2
58.9	The compounding personnel only compound one CNSP at a time (to proactively prevent mix-ups, errors, and cross contamination).	Yes		1.1.3
58.10	The compounding personnel compound the CNSP according to the MFR. ***If no, inspector needs to describe in detail their observations in the Inspector Notes and collect a copy of the MFR and CR (no PHI or PII to be collected).***	Yes		7.1, 7.2 Box 2
58.11	The compounding personnel document any required steps listed in the MFR on the CR. ***Inspector note: This would include any weights, volume, and any in-process checks needed.***	Yes		7.2, 14 Box 3
58.12	Documentation in the CR is legible. ***If no, collect copy of record that is illegible. Redact any PHI on record.***	Yes		14
58.13	The compounding personnel verify the correct BUD in accordance with the MFR requirements in USP <795>.	Yes		10 Table 3, Table 4
58.14	The compounding personnel performed any quality control steps specified in the MFR. ***Inspector note: Examples of this include, but are not limited to: testing of pH for a suspension, weighing of capsules, and visual inspection against product description specifications.*** ***If no, describe observations in Inspector Notes.***	Yes		7.2, 8, 8.1, 12 Box 3

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		Observation	Inspector Notes	USP Reference(s)
58.15	The compounding personnel placed the CNSP into the proper container closure system.	Yes		8.1 Box 2
58.16	The compounding personnel labeled the CNSP. ***Inspector note: Storage requirements must be included on the label if refrigerated or frozen (so patient can identify the storage temperature requirements).***	Yes		9
58.17	The compounding personnel completed any documentation on the CR. ***If no, describe observations of what was missing or omitted in Inspector Notes.***	Yes		7.2, 8, 14 Box 3
58.18	The compounding personnel cleaned and sanitized the compounding area before the next CNSP (with differing ingredients) is prepared.	Yes		5
59.0	**Final CNSP check observation:** Does the visual inspection of the CNSP by the pharmacist confirm all USP <795> requirements? ***Observe a pharmacist check several CNSP prescriptions. List the name of CNSPs release inspection observed in the Inspector Notes.*** ***If no, go to compliance statements.***	Yes		8, 8.1, 9
59.1	CNSP was visually inspected to determine the physical appearance of the CNSP is as expected (eg, color, texture, physical uniformity), including any special characteristics listed in the MFR (eg, emulsions must be checked for phase separation).	Yes		8, 8.1
59.2	Visual inspection included checking for container closure integrity (eg, leakage, cracks, improper seals).	Yes		8, 8.1
59.3	CNSP label was verified against the prescription or medication order.	Yes		8, 8.1, 9
59.4	CNSP label was verified against the MFR.	Yes		8, 8.1, 9
59.5	CNSP label was verified against the CR.	Yes		8, 8.1, 9

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		Observation	Inspector Notes	USP Reference(s)
59.6	If a CNSP will not be released or dispensed on the day the preparation was made, a visual inspection was conducted immediately before it is released or dispensed to make sure the CNSP did not develop any defects during storage.	Yes		8, 8.1
59.7	All checks and inspection that are performed are properly documented.	Yes		8.1, 14
59.8	CNSP that do not meet requirements, are promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before disposal	Yes		8.1
60.0	Inspect several different finished compounded nonsterile preparations. Are all the finished compounded preparations free from any evidence of signs of contamination? ***Inspector note: If found, request the compounded preparation to be quarantined and notify NABP immediately.*** ***Additionally, list the name(s) of the compounded preparation(s) observed; description of type of contamination suspected (eg, particulates, dirt/debris/(suspected) mold within container closure); number of preparations affected (eg, two of the five containers on the shelf); lot or batch information; BUD assigned; and collect photographs, copy of MFR, and CR.***	Yes		12
61.0	**Cleaning and Disinfection Observation:** Does the pharmacy perform cleaning and sanitizing activities in the compounding area in compliance with USP <795> standards? ***Document observations while pharmacy staff are performing live compounding activities in Inspector Notes.*** ***If no, go to compliance statements.***	Yes		5
61.1	Pharmacy staff starts with a clean and sanitized work surface prior to compounding a CNSP.	Yes		5 Table 1
61.2	Pharmacy staff perform cleaning and sanitizing between compounding CNSPs with different components. ***Inspector note: Per USP, "If cleaning and sanitizing are performed as separate steps, cleaning must be performed first."***	Yes		5 Table 1
61.3	Pharmacy staff ensure equipment and devices used in compounding activities are clean and sanitized after use (to prevent cross contamination of the next preparation).	Yes		6.1 Table 2
61.4	Pharmacy staff perform cleaning and sanitizing on work surfaces when visibly soiled, after spills, and/or when surface contamination is known or suspected.	Yes		5 Table 1

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Nonsterile <795> Employee File Records Review

Select the PIC, designated person, a staff pharmacist that checks compounded preparations, and two to three compounding pharmacy technicians. *Do not record the employee name, list only their title or position.
From the drop-down List:
*Mark as "Yes" if the document is present in the records and the competency evaluation was conducted in compliance with USP <795> requirements.
*Mark as "No" if the document is present in the records but is not in compliance with USP <795> requirements.
*Mark as "Missing" if any part of the record is missing and explain in Notes column.
*Mark as "N/A" if the training does not apply (eg, long-term employee may not have initial training available). Document further in the Notes column.

		Employee Records #1	Employee Records #2	Employee Records #3	Employee Records #4	Employee Records #5	
	Employee Title	PIC	DP	PT	PT	PT	Notes
1.0	The training program provides initial training, evaluation, and documentation on the core competencies listed below:						
1.1	Compounding personnel are trained on facility SOPs.	Yes	Yes	Yes	Yes	Yes	
1.2	Compounding personnel are trained on USP <795> standards.	Yes	Yes	Yes	Yes	Yes	
1.3	The training record for hand hygiene is complete.	Yes	Yes	Yes	Yes	Yes	
1.4	The training record for garbing is complete.	Yes	Yes	Yes	Yes	Yes	
1.5	The training record for cleaning and sanitizing is complete.	Yes	Yes	Yes	Yes	Yes	
1.6	The training record for handling and transporting components and CNSPs is complete.	Yes	Yes	Yes	Yes	Yes	
1.7	The training record for measuring and mixing is complete.	Yes	Yes	Yes	Yes	Yes	
1.8	The training record for proper use of equipment is complete.	Yes	Yes	Yes	Yes	Yes	
1.9	The training record for documentation of compounding processes (eg, Master Formulation Records or Compounding Records) is complete.	Yes	Yes	Yes	Yes	Yes	
1.10	The training record for interpreting a Certification of Analysis (COA) is complete.	Yes	Yes	Yes	Yes	Yes	
1.11	The training record for how to read/interpret a Safety Data Sheet (SDS) is complete.	Yes	Yes	Yes	Yes	Yes	
1.12	The training record for spill management is complete.	Yes	Yes	Yes	Yes	Yes	

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	Employee Title	PIC	DP	PT	PT	PT	Notes
2.0	The annual competency assessment was evaluated and documented on the following topics:						
2.1	Compounding personnel are re-trained on facility SOPs.	Yes	Yes	Yes	Yes	Yes	
2.2	Compounding personnel are re-trained on USP <795> standards.	Yes	Yes	Yes	Yes	Yes	
2.3	The annual competency assessment for hand hygiene is complete.	Yes	Yes	Yes	Yes	Yes	
2.4	The annual competency assessment for garbing is complete.	Yes	Yes	Yes	Yes	Yes	
2.5	The annual competency assessment for cleaning and sanitizing is complete.	Yes	Yes	Yes	Yes	Yes	
2.6	The annual competency assessment for handling and transporting components and CNSPs is complete.	Yes	Yes	Yes	Yes	Yes	
2.7	The annual competency assessment for measuring and mixing is complete.	Yes	Yes	Yes	Yes	Yes	
2.8	The annual competency assessment for proper use of equipment is complete.	Yes	Yes	Yes	Yes	Yes	
2.9	The annual competency assessment for documentation of compounding processes (eg, Master Formulation Records or Compounding Records) is complete.	Yes	Yes	Yes	Yes	Yes	
2.10	The annual competency assessment for interpreting a COA is complete.	Yes	Yes	Yes	Yes	Yes	
2.11	The annual competency assessment for how to read/interpret a SDS is complete.	Yes	Yes	Yes	Yes	Yes	
2.12	The annual competency assessment for spill management is complete.	Yes	Yes	Yes	Yes	Yes	
3.0	The designated person(s) has documented a (periodic) evaluation of their direct observations for compounding activities and documented any deficiencies in the record. *Inspector note: if there are not observations documented, the inspector should answer this question as N/A.* *Per USP, "the designated person(s) should monitor and observe compounding activities and must take immediate corrective action if deficient practices are observed. Facility SOPs must describe procedures for monitoring and observing compounding activities and personnel."*	N/A	N/A	N/A	N/A	N/A	

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Glossary & References	USP <795>
Active Pharmaceutical Ingredient (API)	Any substance or mixture of substances intended to be used in the compounding of a preparation, thereby becoming the active ingredient in that preparation and furnishing pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals or affecting the structure and function of the body. Also referred to as a bulk drug substance. A conventionally manufactured drug product is not an API but is typically manufactured from an API(s).
Added Substance	An ingredient that is necessary to compound a preparation but is not intended or expected to cause a pharmacologic response if administered alone in the amount or concentration contained in a single dose of the compounded preparation. The term is used synonymously with inactive ingredient, excipient, and pharmaceutical ingredient.
Administration	The preparation of a nonsterile pharmacologic or other therapeutic agent for ingesting, inserting, applying, or otherwise providing a nonsterile medication in its final form to a single patient. This includes crushing a tablet(s) or opening a capsule(s) to mix with food or liquids to facilitate patient dosing.
Alcohol-based hand rub	An alcohol-containing preparation (liquid, gel, or foam) designed for application to the hands of health care personnel to inactivate microorganisms and/or temporarily suppress their growth. Such preparations may contain one or more types of alcohol, other active ingredients, excipients, and humectants.
Assigned trainer	One or more individuals assigned by the designated person(s) to be responsible and accountable for directly providing the training, observation, and/or evaluation of personnel for the preparation of CNSPs.
Beyond-use date (BUD)	The date, or hour and date, after which a CNSP must not be used, stored, or transported. The date is determined from the date or time the preparation is compounded.
Biological Safety Cabinet (BSC)	A ventilated cabinet that may be used for compounding. These cabinets are divided into three general classes (Class I, Class II, and Class III). Class II BSCs are further divided into types (Type A1, Type A2, Type B1, Type B2, and Type C1).
Bulk drug substance	See the entry for Active Pharmaceutical Ingredient.
Certificate of analysis (COA)	A report from the supplier of a component, container, or closure that accompanies the supplier's material and contains the specifications and results of all analyses and a description of the material.
Cleaning	The process of removing substances (eg, organic and inorganic material) from objects and surfaces, normally accomplished by manually or mechanically using water with detergents or enzymatic products.
Cleaning agent	An agent, usually containing a surfactant, used for the removal of substances (eg, dirt, debris, microbes, and residual drugs or chemicals) from surfaces.
Closed-system processing device	A device designed to reduce the potential exposure to personnel or contamination of the facility or CNSPs. Examples include CVEs, BSCs, or single-use containment glove bags.
Component	Any ingredient used in the compounding of a preparation, including any API, added substance, or conventionally manufactured product.
Compounded nonsterile preparation (CNSP)	A preparation not intended to be sterile that is created by combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling, or otherwise altering a drug product or bulk drug substance.
Compounding	The process of combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling, or otherwise altering a drug product or bulk drug substance to create a nonsterile preparation.

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Glossary & References	USP <795>
Compounding area	An area that is specifically designated for nonsterile compounding.
Compounding personnel	Personnel trained to compound or oversee compounding of preparations.
Compounding record (CR)	Documents the compounding of each CNSP.
Container closure system	Packaging system components that together contain and protect the dosage form. This includes primary packaging system components and secondary packaging system components if the latter are intended to provide additional protection.
Containment glove bag	A single-use disposable glove bag that is capable of containing airborne chemical particles.
Containment ventilated enclosure (CVE)	A full or partial enclosure that uses ventilation principles to capture, contain, and remove airborne contaminants through high-efficiency particulate air (HEPA) filtration and to prevent their release into the work environment.
Conventionally manufactured product	A pharmaceutical dosage form, usually the subject of an application approved by the applicable national regulatory agency, that is manufactured under current good manufacturing practice conditions.
Designated person(s)	One or more individuals assigned to be responsible and accountable for the performance and operation of the facility and personnel as related to the preparation of CNSPs.
FDA	US Food and Drug Administration
Formulation	The specific qualitative and quantitative composition of the final CNSP.
Hazardous Drug (HD)	Any drug identified by at least one of the following criteria: carcinogenicity, teratogenicity or developmental toxicity; reproductive toxicity in humans; organ toxicity at low dose in humans or animals; genotoxicity or new drugs that mimic existing HDs in structure or toxicity. See <800>.
Label	The part of the labeling on the immediate container.
Labeling	All labels and other written, printed, or graphic matter on the immediate container or on or inside any packaging system or wrapper in which the article is enclosed, except for any outer shipping container.
Master formulation record (MFR)	A detailed record of procedures that describes how the CNSP is to be prepared.
Monograph	A quality documentary standard within USP–NF that articulates the quality expectations for a medicine including for its identity, strength, purity, and performance. It also describes the tests to validate that a medicine and its ingredients meet these criteria.
Oversight	The review, monitoring, and supervision of actions taken by personnel, bearing responsibility for those actions, and being available if and when needed for consultation, even if not physically present.
Preservative	A substance added to inhibit microbial growth.
Purified water	The minimal quality of source water for the production of Purified Water is drinking water whose attributes are prescribed by the US Environmental Protection Agency (EPA), the European Union, Japan, or the World Health Organization (WHO). This source water may be purified using unit operations that include deionization, distillation, ion exchange, reverse osmosis, filtration, or other suitable purification procedures. (See <1231>, 3.1.1 Purified Water.)
Quality Assurance (QA)	A system of procedures, activities, and oversight that ensures that the compounding process consistently meets quality standards.

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Glossary & References	USP <795>
Quality Control (QC)	The sampling, testing, and documentation of results that, taken together, ensure that specifications have been met for the CNSP.
Reconstitution	The process of adding a diluent to a conventionally manufactured product to prepare a solution or suspension.
Release inspection and testing	Visual inspection and testing performed to ensure that a preparation meets appropriate quality characteristics.
Sanitizing agent	An agent for reducing, on inanimate surfaces, the number of microorganisms (eg, 70% isopropyl alcohol).
SDS	Safety data sheet.
SOP	Standard operating procedure.
Specification	The tests, analytical methods, and acceptance criteria to which any components, CNSP, container closure system, equipment, or other material used in the compounding of CNSPs must conform to be considered acceptable for its intended use.
Stability	The extent to which a product or preparation retains physical and chemical properties and characteristics within specified limits throughout its expiration or BUD.
Verify	To confirm that a method, process, system, or equipment will perform as expected under the conditions of actual use.
Water activity (a_w)	A measure of the fraction of total water that is unbound and freely available to participate in chemical, biochemical, or physicochemical reactions or provide an environment that can support microbial growth. Note that a_w is not water content.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Pharmacy Consultants LLC dba Omnicare of Spartanburg
e-Profile ID: 807689
Inspection Date: 10/24/2024

		Observation	Inspector Notes	USP Reference(s)
	Standard Operating Procedures (SOPs) for Compounded Sterile Preparations (CSPs)		Please note NABP did not review each SOP for alignment on USP <797>. The SOP(s) described below is/are a reflection of any self-assessment completed by the pharmacy and/or shared with the inspector during the onsite inspection.	
1.0	Does the pharmacy have a designated person(s) who meets the requirements in compliance with USP <797> standards? ***Inspector note: Per USP, "The compounding facility must designate one or more individuals (ie, the designated person(s)) to be responsible and accountable for the performance and operation of the facility and personnel in the preparation of CSPs and for performing other functions." If no, go to compliance statements.***	Yes		1.1.3, 2
1.1	The designated person(s) (for the QA program) has the training, experience, responsibility, and authority to perform the duties required of them.	Yes		18
1.2	The designated person(s) is responsible and accountable for the performance and operation of the facility. ***Per USP, "The designated person(s) is responsible for ensuring that each area related to CSP preparation meets the classified air quality standard appropriate for the activities conducted in that area. The designated person(s) must also ensure that the ISO Class 5 areas are located, operated, maintained, monitored, and certified to have appropriate air quality."***	Yes		2, 4.2, 4.5

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		Observation	Inspector Notes	USP Reference(s)
1.3	The designated person(s) is responsible for personnel performing sterile compounding or other related functions (eg, quality checks and prescription dispensing of compounded preparations).	Yes		2, 17
1.4	The designated person(s) reviews facility SOPs at least every 12 months to ensure that they reflect current practice and such review is documented.	Yes		2, 17
1.5	The designated person(s) ensures that SOP revisions are implemented.	Yes		2, 17
1.6	The designated person(s) communicates all SOP revisions to all impacted personnel. ***Inspector note: USP <797> recommends that personnel should also document acknowledgment and communication of SOP changes and revisions.***	Yes		2, 17
1.7	The designated person(s) ensures that personnel demonstrate competency in performing every procedure that relates to their job function.	Yes		2, 17
1.8	The designated person(s) ensures that corrective actions are taken if problems, deviations, out-of-range results, failures, or errors are identified. ***Inspector note: Per USP, "Data collected in response to corrective actions must be reviewed to confirm that the actions taken have been effective."***	Yes		2, 5, 12

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		Observation	Inspector Notes	USP Reference(s)
2.0	Has the pharmacy developed and implemented SOPs that describe sterile compounding processes and other support activities in compliance with USP <797> standards? ***Inspector note: In order for this to be answered yes, all topics must be addressed if applicable to their business practices.*** ***If no, document "missing" in Inspector Notes*** ***If yes, document the name, number, and version of each SOP in the Inspector Notes.***	Yes		17
2.1	**Scope of Practice:** Types of CSPs that are prepared (eg, immediate use, allergenic extracts, Category 1, Category 2, Category 3). Roles and responsibilities of the designated person(s).		001 –Designated Person 056 –Sterile Compounding Area Facility Design	1.5
2.2	**Personnel Training and Evaluation:** Description of initial and ongoing training and competency for the designated person(s), compounding personnel, personnel with direct oversight of compounding personnel, and personnel who only perform restocking or cleaning, and disinfecting duties outside of the primary engineering control (PEC). Description of media-fill testing procedures, hand hygiene and garbing competency, and aseptic manipulation competency. Training and competency assessment of personnel on all sterilization methods and equipment used by the facility. Frequency of training is defined.		001 –Designated Person 056.2 –Aseptic Skills Testing Requirements 056.5 –Sterile Compounding Personnel Training Requirements	2, 2.2, 10 Box 1, Box 2, Table 2, Table 3
2.3	**Personal Hygiene and Garbing:** Description of the required garb, manner of storage, and order of garbing, including disinfection procedures for reusing goggles, respirators, and other reusable equipment. ***Inspector note: Per USP, the RABS (or pharmaceutical isolator) sleeve and glove changes should (not required) be changed per the manufacturer's recommendations and defined in the facility's SOPs.***		066.7 –Hand Hygiene Requirements for Sterile Compounding Colleagues 066.8 –Hand Hygiene Requirements for Sterile Compounding Colleagues	3, 3.3

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		Observation	Inspector Notes	USP Reference(s)
2.4	**Facility Design and Engineering Controls:** Description of design requirements to maintain air quality standards and procedures for evaluating, maintaining, and certifying the areas used for compounding.		056 –Sterile Compounding Area Facility Design 056.12 –Segregated Compounding Areas	4, 4.2
2.5	**Certification and Recertification:** Description of sampling sites and procedures.		056.1 –Sterile Compounding Area Certification, Maintenance, and Sanitation	5, 5.1
2.6	**Microbiological Air and Surface Monitoring:** Description of the pharmacy's microbiological air and surface monitoring program which includes a diagram of the sampling locations, procedures for collecting samples, frequency of sampling, size of samples (eg, surface area, volume of air), time of day of sampling in relation to activities in the compounding area, and action levels that will trigger corrective actions and documentation requirements.		056.6 (Lab) –Environmental Testing Requirements for Pharmacies Using CVS Health Microbiology Lab	6, 6.1, 6.2, 6.3
2.7	**Cleaning, Disinfection, and Application of Sporicidal Disinfectants and Sterile 70% IPA:** Description of procedures for cleaning, disinfecting, and applying sporicidal disinfectants and include the frequency, methods, locations of cleaning, and documentation requirements.		056.12 –Segregated Compounding Areas 057.3 –Selection, Training,and Use of Compounding Aseptic Isolators	7, 7.2 Box 7, Box 8
2.8	**Equipment:** Description of procedures for the calibration, maintenance, cleaning, use of the equipment, and documentation requirements.		056 –Sterile Compounding Area Facility Design 056.1 –Sterile Compounding Area Certification, Maintenance, and Sanitation Requirements 056.4 –Automated Compounding Devices	9.1, 10, 20

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		Observation	Inspector Notes	USP Reference(s)
2.9	**Components:** Description of procedures that address the selection, receipt, evaluation, handling, storage, and documentation of all CSP components, including all ingredients and container closures.		SOP 004 13 –Drug Supply Chain & Security Act (DSCSA) Compliance SOP 51 –Corporate Approved Vendors	9.3
2.10	**Master Formulation and Compounding Records:** Description of procedures for developing and maintaining MFRs and required information, documentation, and record-keeping requirements for MFRs and CRs.		SOP 47 IV Stability and Beyond Use Date (BUD) Standards 051 –Infusion Patient Records and Required Documentation	11.1, 11.2, 20
2.11	**Release Inspections and Testing:** Description of release testing procedures (eg, visual inspections and/or sterility and endotoxin testing), out-of-specification procedures, corrective action procedures, and documentation requirements.		056.3 –SOPs for Compounding and Inspecting Sterile Preparations	12, 18, 20
2.12	**Labeling:** Procedures for labeling and label verification (confirming against the prescription or medication order, the MFR, and the CR) in order to prevent errors, CSP mix-ups, and required displayed information.		045 –Product Labeling 056.3 –SOPs for Compounding and Inspecting Sterile Preparations	13
2.13	**CSP handling, storage, packaging, shipping, and transport:** Processes and techniques for handling, storing, packaging, and transporting CSPs that include temperature monitoring, excursions, shipping containers, packaging requirements, and selected transportation modes.		057.2 –Storage, Transport, and Beyond Use Dating of Sterile Compounded Products 089.3 –Cold Chain Distribution Policy	19
2.14	**Documentation:** Record keeping requirements and procedures for documentation maintenance and storage. ***Inspector note: USP requires readily retrievable records for two years; however, it is acknowledged that state or accreditation organizations may require records for a longer period of time.***		SOP 50 –Sterile Compounding Record 051 –Infusion Patient Records and Required Documentation 056.3 –SOP for Compounding and Inspecting Sterile Preparations	20

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		Observation	Inspector Notes	USP Reference(s)
2.15	**Sterilization and Depyrogenation:** Description of methods used for establishing and verifying the effectiveness of the terminal sterilization and depyrogenation methods selected, as well as the methods for maintaining and cleaning the sterilizing and depyrogenation equipment. ***If not applicable to their business practices, inspector should answer statement as N/A.***		N/A	10
2.16	**Immediate Use CSPs:** Description of processes followed to meet all conditions of exemption from the requirements for Category 1, Category 2, and Category 3 CSPs. ***If not applicable to their business practices, inspector should answer statement as N/A.***		N/A	1.3
2.17	**Blood/Biological Handling:** Description of processes used to avoid cross-contamination and meet applicable regulatory requirements. ***If not applicable to their business practices, inspector should answer statement as N/A.***		N/A	1.1.2
2.18	**Allergenic Extracts:** Description of procedures for training, competency assessments, personnel hygiene and garbing, facility requirements, cleaning and disinfecting, beyond use dates (BUDs), labeling, storage, shipping and transporting, and documentation. ***If applicable to their business practices, please complete the Allergenic Extracts module.*** ***If not applicable to their business practices, inspector should answer statement as N/A.***		N/A	21

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		Observation	Inspector Notes	USP Reference(s)
	CSPs - Immediate Use, Proprietary Vial/Bag Systems, and Blood-Derived			1
3.0	Does the pharmacy prepare and dispense compounded sterile preparations for direct and immediate use? ***If the pharmacy does not prepare and dispense compounded sterile preparations for direct and immediate use, the inspector should answer question as N/A.***	N/A		1.3
4.0	Does the pharmacy meet all conditions specified in USP <797> for CSPs compounded for direct and immediate use? ***Inspector note: Per USP <797>, all conditions must be met to qualify for exemptions of the requirements for Category 1, Category 2, and Category 3 CSPs.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare and dispense compounded sterile preparations for direct and immediate use, the inspector should answer question as N/A.***	N/A		1.3
4.1	Aseptic techniques, processes, and procedures are followed. ***Inspector note: Per USP <797>, facility SOPs must describe procedures followed "to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, and mix-ups with other conventionally manufactured products or CSPs."***	N/A		1.3
4.2	Personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and the facility's SOPs. ***Review personnel records to verify.***	N/A		1.3

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4.3	Preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs. ***Inspector note: Examples of this include approved labeling and/or published or unpublished stability and compatibility studies.***	N/A		1.3
4.4	Preparation involves not more than three (3) different sterile products (eg, ingredients and/or components in a single container).	N/A		1.3
4.5	Unused components from a single-use container are discarded after the preparation for one individual patient is complete (ie, single-dose containers are not used for more than one patient).	N/A		1.3
4.6	Administration begins within four hours of the start of the preparation, and if not, the preparation is discarded. ***If administration is not performed within the same facility/campus of the pharmacy and/or is outside the pharmacy's control, inspector should answer statement as N/A.***	N/A		1.3
4.7	Unless the person preparing the preparation is administering or witnessing administration, the preparation is labeled with names and amounts of all active ingredients, name or initials of preparer, and exact four-hour time period in which administration must begin. ***If administration is not performed within the same facility/campus of the pharmacy and/or is outside the pharmacy's control, inspector should answer statement as N/A.***	N/A		1.3

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		Observation	Inspector Notes	USP Reference(s)
5.0	Does the pharmacy prepare proprietary bag and vial systems (ex. addEASE, ADD-Vantage, Mini Bag Plus, Vial2Bag) in compliance with USP <797> standards? ***Inspector note: Docking and activation of proprietary bag and vial systems for immediate administration to an individual patient is out of scope of USP <797> and may be performed outside of an ISO Class 5 environment.*** ***If no, go to compliance statements.*** ***If the pharmacy does not stock, prepare, and/or dispense any proprietary vial and bag systems, inspector should answer statement as N/A.***	Yes		1.4
5.1	Docking for *future activation* and administration is performed in an ISO Class 5 environment and in accordance with requirements of USP <797>, with the exception of BUD assignment.	Yes		1.4
5.2	BUD assignment is not longer than specified in the manufacturer's labeling.	Yes		1.4
6.0	Does the pharmacy meet the conditions specified in USP <797> for CSPs to be prepared per approved labeling? ***Inspector note: Preparing a conventionally manufactured sterile product in accordance with the directions in the manufacturer's approved labeling is considered outside the scope of the USP chapter.*** ***If no, go to compliance statements.*** ***If the pharmacy only <u>compounds</u> sterile preparations (eg, does <u>not</u> prepare sterile preparations that strictly adheres to the conventionally manufactured approved labeling for preparation), inspector should answer statement as N/A.***	Yes		1.4

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		Observation	Inspector Notes	USP Reference(s)
6.1	The product is prepared as a single dose for an individual patient.	Yes		1.4
6.2	The approved labeling includes information for the diluent, the resultant strength, the container closure system, and the storage time.	Yes		1.4
7.0	Does the pharmacy perform compounding activities that require the manipulation of a patient's blood-derived or other biological material (eg, autologous serum)?	N/A		1.1.2
8.0	For compounding activities that require the manipulation of a patient's blood-derived or other biological material, does the pharmacy perform manipulations that are clearly separated from other compounding activities and equipment used in CSP preparation activities and are controlled by specific SOPs to avoid any cross-contamination? ***Inspector note: Per USP, a separate cart could be used for blood-derived or other biological materials (a separate area is not required by the chapter). Pharmacy should change garb. Pharmacy to have cleaning processes as part of SOPs to avoid cross-contamination.*** ***If the pharmacy does not compound with blood products or other biological materials, inspector should answer statement as N/A. If the inspector answers the compliance question as "no", please describe your observations.***	N/A		1.1.2

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		Observation	Inspector Notes	USP Reference(s)
	Facility Design and Engineering Controls			4
9.0	**Segregated Compounding Area (SCA):** Does the pharmacy use an SCA as an SEC in compliance with USP <797> standards for facility design and environmental control? ***Inspector note: Per USP, only Category 1 CSPs may be compounded in a SCA.*** ***If no, go to compliance statements.*** ***If pharmacy only uses a cleanroom suite for sterile compounding preparations, inspector should answer question as N/A.***	N/A		4.1, 4.1.1, 4.1.2, 4.2.1 Table 5
9.1	The facility is designed to afford a well-lighted and comfortable working environment.	N/A		4.2, 4.2.1
9.2	Only Category 1 CSPS are prepared in a SCA. ***If pharmacy is compounding Category 2 or Category 3 CSPs in a SCA, inspector should answer this statement as no and collect photographs and copies of the MFR, CR, and provide a description of their observations in the Inspector Notes.***	N/A		4.2.1, 4.2.3 Table 5
9.3	The SCA is located away from unsealed windows, doors that connect to outdoors, and traffic flow. ***Inspector note: Per USP, "strong air currents from opened doors, personnel traffic, or air streams from the HVAC system can disrupt the unidirectional airflow of an open-faced PEC."***	N/A		4.2.1

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Sterile Compounding Inspection for USP <797>

Facility Name: Pharmacy Consultants LLC dba Omnicare of Spartanburg
e-Profile ID: 807689
Inspection Date: 10/24/2024

		Observation	Inspector Notes	USP Reference(s)
9.4	The SCA is located away from environmental control challenges and separate from areas not related to compounding (ie, restrooms, warehouses, food preparation areas).	N/A		4.2.1
9.5	A visible perimeter establishes the boundaries of the SCA. ***Inspector note: Per USP, the SCA is defined as "a designated space, area, or room that is not required to be classified and is defined with a visible perimeter. The SCA must contain a PEC and is suitable for preparation of Category 1 CSPs only." USP further defines a perimeter as "a visible demarcation (such as a door, walls, or visible marking on the floor) that defines the SCA or AECA." The perimeter will be defined in the pharmacy's SOPs. Tape or an alternative method may be used to define this visible perimeter, since this is not a classified space.***	N/A		4.2.1 Glossary
9.6	Access to the SCA is restricted to authorized personnel. ***Inspector note: Per USP, authorized personnel includes personnel involved in compounding processes, maintenance, and cleaning.***	N/A		4.2.1
9.7	Free-standing humidifiers/dehumidifiers and air conditioners are not located within the perimeter of the SCA.	N/A		4.2
9.8	Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in the compounding area. ***Inspector note: Per USP, these items should be low-shedding, easily cleaned, and disinfected. This applies to items within the perimeter around the Primary Engineering Control (PEC).***	N/A		4.5

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9.9	Shipping cartons or other corrugated or uncoated cardboard are not allowed in the SCA.	N/A		4.5
9.10	The SCA and all surfaces (walls, floors, counters, equipment) are clean, uncluttered, and dedicated to compounding.	N/A		4.2.1, 4.3.2
9.11	The sink is located inside the SCA or in close proximity and is located at least one meter away from the PEC.	N/A		4.4
9.12	The area within one meter of the PEC is dedicated only for sterile compounding (eg, not storage, hand hygiene, donning and doffing garb, or other highly particle-generating activities, such as patient care).	N/A		4, 4.2.1
9.13	If overhangs or ledges are present in the SCA, are they easily cleanable? ***If no, describe observations in Inspector Notes.***	N/A		4.2.1, 4.3.2
10.0	Are surfaces smooth, impervious, free from cracks and crevices, and non-shedding so they can be cleaned and disinfected? ***Inspector note: this is a recommendation by USP.*** ***If no, describe in comments Inspector Notes (eg, peeling of Formica countertops).***	Yes		4.3.2

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11.0	Are surfaces resistant to damage from cleaning, sanitizing, and sporicidal agents used? ***Inspector note: this is a recommendation by USP.*** ***If no, describe in comments inspector observations (ie observed rust on preparation cart or flaking of particle board on shelving).***	Yes		4.2.1, 4.3.2
12.0	**Cleanroom Suite:** Does the pharmacy use a Cleanroom Suite (ISO-classified anteroom and buffer room) as a SEC in compliance with USP <797> standards for facility design and environmental control? ***Inspector note: Per USP <797>, a cleanroom suite is required if compounding any Category 2 and Category 3 CSPs.*** ***If no, go to compliance statements.*** ***If pharmacy only uses an SCA for Category 1 CSPs, inspector should answer question as N/A.***	Yes		4.1, 4.1.1, 4.1.2, 4.2.1, 4.3.1 Table 5
12.1	Access to the cleanroom suite is restricted to authorized personnel. ***Inspector note: Per USP, authorized personnel includes personnel involved in compounding processes, maintenance, and cleaning. Some examples pharmacies may use to demonstrate compliance with this statement (but are not specifically required by the chapter) include posting a sign or creating a badge access point for authorized personnel to enter the cleanroom suite.***	Yes		4.2.1
12.2	The facility is designed to afford a well-lit environment.	Yes		4.2, 4.2.1
12.3	The facility provides a comfortable working environment (eg, temperature and humidity settings so appropriate garb can be donned).	Yes		4.2.1

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		Observation	Inspector Notes	USP Reference(s)
12.4	The anteroom and buffer room are separated from surrounding unclassified areas by fixed walls and doors.	Yes		4, 4.2.1
12.5	Controls are in place to minimize the flow of lower-quality air into the more-controlled areas. ***Inspector note: Per USP, "strong air currents from opened doors, personnel traffic, or air streams from the HVAC system can disrupt the unidirectional airflow of an open-faced PEC."***	Yes		4.2.1
12.6	Anterooms providing access to only positive pressure buffer rooms meet at least ISO Class 8 specifications. ***If the pharmacy has a negative pressure room, inspector should answer statement as N/A.***	Yes		4.1.2, 4.2.1
12.7	The anteroom provides access to a negative pressure room and meets at least ISO Class 7 specifications. ***If the pharmacy does not compound hazardous drugs, inspector should answer statement as N/A.***	Yes		4.1.2, 4.2.1
12.8	The buffer room, where the PEC is placed, meets ISO Class 7 or better air quality specifications. ***Inspector note: If the PEC is a pharmaceutical isolator, the buffer room must be at least ISO Class 8 air quality or better and an anteroom is not required.*** ***Per USP <797>, a pharmaceutical isolator is defined as an enclosure that provides HEPA-filtered ISO Class 5 unidirectional air operated at a continuously higher pressure than its surrounding environment and is decontaminated using an automated system. It uses only decontaminated interfaces or rapid transfer ports for materials transfer. A CAI or CACI is not a pharmaceutical isolator.***	Yes		4.1.2, 4.2.1, 4.2.3

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		Observation	Inspector Notes	USP Reference(s)
12.9	Air supply to the anteroom and buffer room is introduced through HEPA filters in the ceiling.	Yes		4.2.1
12.10	Air returns are located low on the wall. ***If the pharmacy has a visual smoke study (as described in the USP chapter and compliance statement below), inspector should answer statement as N/A.***	Yes		4.2.1
12.11	A visual smoke study demonstrates an absence of stagnant air where particles can accumulate and is repeated if any equipment/placement changes when air returns are not located low on the wall. ***Inspector note: Per USP, "the smoke study, along with environmental monitoring, must be repeated whenever a change is made to the placement of equipment within the room or any other alteration is performed within the cleanroom suite that affects the quality of the air (eg, HVAC alterations, chapter of HEPA filter units)."*** ***If air returns are low on the wall, inspector should answer statement as N/A.***	Yes		4.2.1
12.12	The anteroom has a line of demarcation to separate the dirty side from the clean side or has two separate anterooms, a dirty anteroom and a clean anteroom. ***Describe observations for the type of line of demarcation in the Inspector Notes.***	Yes		4.2.1

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		Observation	Inspector Notes	USP Reference(s)
12.13	Personnel enter the dirty side/room first from the unclassified area and the clean side/room is located closest to the buffer room.	Yes		4.2.1
12.14	All surfaces (ceilings, walls, floors, doors, door frames, fixtures, shelving, work surfaces, counters, and cabinets) are smooth, impervious, free from cracks and crevices, and non-shedding.	Yes		4.2.1, 4.3.1
12.15	Junctures between ceilings and walls and between the walls and floors are sealed.	Yes		4.2.1, 4.3.1
12.16	If the ceiling consists of inlaid panels, the panels are caulked to seal them to the support frame. ***If the ceiling does not consist of inlaid panels, inspector should answer statement as N/A.***	Yes		4.2.1, 4.3.1
12.17	Walls are constructed of, or covered with, a durable material (eg, epoxy paint, heavy gauge polymer) and integrity of surface maintained.	Yes		4.2.1, 4.3.1
12.18	Walls, if paneled, are joined together and sealed to the support structure. ***If walls are not paneled, inspector should answer statement as N/A.***	Yes		4.2.1, 4.3.1
12.19	Floors include coving to the sidewall or the juncture between floor and wall is caulked.	Yes		4.2.1, 4.3.1

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		Observation	Inspector Notes	USP Reference(s)
12.20	If overhangs or ledges are present, they are easily cleanable. ***If there are no overhangs, ledges, utility pipes, windowsills, etc, inspector should answer statement as N/A.***	Yes		4.2.1, 4.3.1
12.21	Exterior lens surfaces of the ceiling light fixtures are smooth, mounted flush, and sealed.	Yes		4.2.1, 4.3.1
12.22	All other penetrations through the ceiling or walls (eg, camera domes) are sealed.	Yes		4.2.1, 4.3.1
12.23	The buffer room does not contain plumbed water sources (eg, sinks, eyewashes, showers, or floor drains).	Yes		4.4
12.24	The anteroom does not contain floor drains.	Yes		4.4
13.0	Are **PECs** used to prepare CSPs located in the appropriate space (eg, buffer room or SCA) for category types prepared in compliance with USP <797> standards? ***Inspector to review certification reports and observe compounding area(s) to evaluate.*** ***If no, go to compliance statements.***	Yes		4.2.1, 4.2.2, 4.2.3 Table 4, Table 5
13.1	All compounded sterile preparations (that are not for immediate use) are compounded in a PEC.	Yes		1.3, 4, 4.1.2

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		Observation	Inspector Notes	USP Reference(s)
13.2	PEC is certified to maintain ISO 5 classification or better conditions during dynamic operating conditions. ***The inspector should only answer yes if the PEC has been certified within the past six months.***	Yes		4.2.2, 4.2.3, 5
13.3	The PEC is located out of traffic patterns and away from room air currents that could disrupt the intended airflow patterns inside the PEC. ***Review certification report.***	Yes		4, 4.2.2, 4.2.3
13.4	Placement of the PEC allows for cleaning around the PEC.	Yes		4.2.3
13.5	**Category 2 and Category 3:** PEC(s) are located in a cleanroom suite. ***If pharmacy only compounds Category 1 CSPs, inspector should answer this statement as N/A.***	Yes		4.2.3 Table 5
14.0	Does the pharmacy have any CAIs/CACIs used for sterile compounded preparations? ***If the pharmacy does not use any CAI/CACIs for compounding CSPs, inspector should answer question as N/A.***	N/A		4.2.3 Table 5
15.0	Are **CAIs/CACIs** (RABS) used for compounding sterile preparations operated in compliance with manufacturer specifications **and** USP <797> standards? ***If no, go to compliance statements.*** ***If the pharmacy does not use any CAI/CACIs for compounding CSPs, inspector should answer question as N/A.***	N/A		4.2.3

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15.1	The documented recovery time is followed after opening the CAI/CACI transfer chamber to maintain ISO Class 5 air quality. ***Inspector note: The recovery time should come from the manufacturer of the CAI/CACI.***	N/A		4.2.3
15.2	Staff ensures that adequate recovery time is allowed after closing the CAI/CACI during compounding operations. ***Inspector note: The recovery time should come from the manufacturer of the CAI/CACI.***	N/A		4.2.3
15.3	Sterile gloves are worn over the gloves attached to the CAI/CACI sleeve. ***Inspector note: Per USP, if using a RABS (ie, a CAI or CACI), disposable gloves should be (not required) worn inside the gloves attached to the RABS sleeves.***	N/A		3.3
16.0	Are there controls in place to minimize the influx of contaminants from materials (supplies and equipment) and personnel as they move from areas of lower quality to those of higher quality in compliance with USP <797> standards? ***Inspector note: An example of material movement from lower quality air to higher quality air includes movement from a non-classified area to an ISO Class 8 anteroom, ISO Class 8 anteroom to an ISO Class 7 buffer room, or from an ISO Class 7 buffer room to an ISO Class 5 PEC.*** ***If no, go to compliance statements.***	Yes		4.5

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16.1	Before any item is introduced into the SEC, placed into the pass-through chamber, or brought into the SCA (providing that packaging integrity will not be compromised), it is wiped with a sporicidal disinfectant, EPA-registered disinfectant, or sterile 70% isopropyl alcohol (IPA) using low-lint wipers by personnel wearing gloves.	Yes		4.5
16.2	Before any item is introduced into the PEC, it is wiped with sterile 70% IPA using sterile low-lint wipers and allowed to dry before use.	Yes		4.5
17.0	Does the pharmacy have the appropriate facility design and controls (including the fixtures, types of equipment, materials, and supplies that are stored) in the classified areas in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		4, 9.1, 19.1
17.1	The sink used for hand hygiene, located outside of the anteroom, is placed in an appropriate area and clean space to minimize the risk of bringing contaminants into the anteroom. ***Inspector note: Inspector should evaluate the sink location in relation to the activities that occur where the sink is located as well as the distance between the sink and the entrance to the compounding suite/SCA. Examples that may not be considered appropriate include but are not limited to: sink is located in the bathroom, an adjacent suite or property, or in an employee breakroom where food is prepared.*** ***If the sink is located in the anteroom, inspector should answer statement as N/A.***	Yes		4.4

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17.2	The sink used for hand hygiene, located inside of the anteroom, is placed in an appropriate area to minimize the risk of bringing contaminants into the buffer room. ***Inspector note: Inspector should evaluate the sink location in relation to the doors and compounding activities. For example, the sink is where compounders perform hand hygiene close to where garb is stored (where it can easily get wet/splashed).*** ***If the sink is located outside the anteroom, inspector should answer statement as N/A.***	Yes		4.4
17.3	The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time (eg, by interlocking, training of personnel, or signage).	Yes		4.2.1
17.4	The inside and outside doors of a pass-through are prevented from both being open at the same time (eg, by interlocking, training of personnel, or signage).	Yes		4.2.1
17.5	Only furniture, equipment, and other materials necessary for performing compounding activities are permitted in a classified area or SCA. ***Inspector note: Per USP, items necessary for performing compounding activities are low-shedding and can be easily cleaned and disinfected. If no, describe the types of items that are observed. If appropriate, submit a photograph with inspection report.***	Yes		4.5, 9.1
17.6	Tacky mats are not used in the classified areas. ***Inspector note: Per USP <797>, "Tacky mats must not be placed within ISO-classified areas."***	Yes		4.2.1

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17.7	Shipping cartons or other corrugated or uncoated cardboard are not permitted in the classified areas.	Yes		4.5
17.8	Carts used to transport components or equipment into classified areas are constructed from nonporous materials with cleanable casters and wheels.	Yes		4.5
17.9	Carts (including casters) are cleaned and disinfected prior to moving from the dirty side to the clean side of the anteroom.	Yes		4.5
18.0	Does the pharmacy's facility design for maintaining (eg, recording, monitoring, and controlling) temperature and humidity (eg, HVAC) comply with USP <797> standards? ***Inspector note: Compounded preparations that are finished and stored will be addressed in the general pharmacy module. Inspector should be aware that USP cleanroom temperature recommendations may not be harmonized with USP, FDA, or manufacturer/supplier temperature requirements for drug storage.*** ***If no, go to compliance statements.***	Yes	73°F, 45%	4.2, 19.1 USP <659>
18.1	The compounding area temperature and humidity is maintained by a heating, ventilation, and air conditioning (HVAC) system. ***If inspector finds a free-standing air conditioner, humidifier, or dehumidifier within the classified area or the SCA, the inspector should answer statement as "No." Additionally, inspector should describe what they observed, where the equipment was located, and collect/submit photographs.***	Yes		4.2, 9.3.4, 19.1

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18.2	The pharmacy records the temperature of the cleanroom suite on days when sterile compounding occurs. ***If pharmacy does not use a continuous recording system, describe the frequency of temperature recording in the notes.***	Yes		4.2, 9.3.4, 19.1
18.3	The pharmacy records the humidity of the cleanroom suite on days when sterile compounding occurs. ***If pharmacy does not use a continuous recording system, describe the frequency of humidity recording in the notes.***	Yes		4.2, 9.3.4, 19.1
18.4	The pharmacy maintains records of temperature and humidity that are specific to the cleanroom suite. ***Temperature and humidity for drug storage areas will be documented in the general pharmacy module.*** ***If the pharmacy only uses an SCA, inspector should answer statement as N/A.***	Yes		4.2, 9.3.4, 19.1
18.5	The pharmacy can readily retrieve temperature and humidity records. ***If the electronic monitoring system is only capable of providing text message alerts for excursions alone (eg, a report cannot be generated for ongoing temperature conditions), inspector should answer statement as "No."***	Yes		4.2, 9.3.4, 19.1

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18.6	The pharmacy controls temperature and humidity to maintain appropriate working conditions if no overnight drug storage occurs and/or is following the most restrictive drug label. ***Inspector note: Per USP <797>, the cleanroom suite should be maintained at a temperature of 20°C or cooler and a relative humidity of 60% or below to minimize the risk of microbial proliferation and to provide comfortable conditions for compounding personnel attired in the required garb. CRT is defined as 20°C-25°C per USP <659>.***	Yes		4.2, 9.3.4, 19.1
18.7	The placement of the HVAC unit does not cause cross contamination or interfere with the functioning of the classified area. ***Inspector note: Air streams from the HVAC system(s) can disrupt the unidirectional airflow of an open faced PEC such as a laminar airflow workbench (LAFW).***	Yes		4, 4.2
18.8	Temperature monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. ***Inspector note: Monitoring devices are typically calibrated or replaced.***	Yes		4.2, 9.3.4
18.9	Humidity monitoring devices are verified for accuracy at least every 12 months or as required by the manufacturer. ***Inspector note: Monitoring devices are typically calibrated or replaced.***	Yes		4.2, 9.3.4

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		Observation	Inspector Notes	USP Reference(s)
19.0	Does the pharmacy store drugs in the cleanroom suite overnight and/or for long periods of time? ***Inspector note: Long periods of time is not defined as pre-compounding preparation right before compounding activities are commenced.***	No		4.2, 9.3.4, 19.1
20.0	If the pharmacy is storing drugs inside the cleanroom suite overnight and/or long periods of time, are any of the drugs stored unable to tolerate temperature excursions?	No		4.2, 9.3.4, 19.1
21.0	What is the current temperature of the cleanroom suite/SCA? ***Record in the Inspector Notes.***		73F	4.2, 9.3.4, 19.1
22.0	What is the current relative humidity percentage of the cleanroom suite/SCA? ***Record in the Inspector Notes.***		0.45	4.2, 9.3.4, 19.1
23.0	Is the humidity maintained at less than 60% relative humidity (RH) in the compounding area to minimize risk of microbial proliferation?	Yes		4.2, 9.3.4, 19.1

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Pharmacy Consultants LLC dba Omnicare of Spartanburg
e-Profile ID: 807689
Inspection Date: 10/24/2024

		Observation	Inspector Notes	USP Reference(s)
24.0	Is differential positive pressure maintained in compliance with USP <797> standards? ***Inspector note: Per USP <797>, no pressure differential is required between the SCA and the surrounding area.*** ***If no, go to compliance statements.*** ***Inspector should view logs and current status (whiie observing compounding) to verify.*** ***If the pharmacy uses an SCA for sterile compounding environment, inspector should answer statement as N/A.***	Yes		4.2.1, 4.2.5, 5
24.1	The facility design creates room separation to allow positive pressure differentials between spaces (rooms) for movement of air from higher quality air to lower quality air. ***Inspector should review a graphic of the airflow contained in the certification report.***	Yes		4.2.1, 4.2.5, 5
24.2	The facility has a system in place to continuously monitor pressure differentials (eg, magnehelic gauge). ***Per USP, pressure differentials need to be monitored continuously, but personnel are not specifically required to visually monitor pressure during compounding activities.***	Yes		4.2.1, 4.2.5, 5
24.3	The facility has a record system to record pressure differentials on days when compounding occurs. ***Inspector note: Per USP, the quantitative results from the pressure monitoring device must be reviewed and documented at least daily on the days when compounding is occurs.***	Yes		4.2.1, 4.2.5, 5

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		Observation	Inspector Notes	USP Reference(s)
24.4	The differential positive pressure between unclassified and the first space in the compounding suite is at least 0.020 inch water column. ***Inspector note: Per USP, certifiers should confirm (this is a USP recommendation) positive pressure around doorways, pass-throughs and any opening in the cleanroom suite with smoke testing (to confirm positive pressure is maintained) with initial certification of the cleanroom suite.*** ***If no, record the observed pressure differential between the two identified spaces (eg, ISO Class 8 anteroom and the general pharmacy area).***	Yes		4.2.1, 4.2.5, 5
24.5	The differential positive pressure between adjacent classified areas is at least 0.020 inch water column. ***If no, record the observed pressure differential between the two identified spaces (eg, ISO Class 8 anteroom and the ISO Class 7 buffer room).***	Yes		4.2.1, 4.2.5, 5
24.6	Pressure differential monitoring and quantitative results are reviewed and documented at least daily on days when compounding occurs.	Yes		4.2.1, 4.2.5, 5
25.0	Does the pharmacy have a policy in place to cease compounding when the pharmacy is unable to maintain positive pressure differentials (outside of anticipated variations due to opening and closing of doors)?	Yes		4.2.1, 4.2.5, 5
26.0	Are pressure differential monitoring procedures in place that include an alarm or alert when there is an excursion? ***Inspector note: USP <797> does not require there to be an alarm or an alert.***	No		4.2.5

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		Observation	Inspector Notes	USP Reference(s)
27.0	Does the facility perform both sterile and nonsterile compounding?	Yes		4.2.1
28.0	If the pharmacy performs nonsterile compounding and sterile compounding, are the designated areas separate and distinct from each other?	N/A		4.2.1
29.0	If PECs are placed into the same room that are used for both sterile and nonsterile compounding, is the pharmacy in compliance with USP <797> standards? ***Inspector note: Per USP <797>, PECs used for both sterile and nonsterile compounding may be placed in the same room only if the PECs are sufficiently effective that the room can continuously maintain ISO Class 7 classification.*** ***If no, go to compliance statements.*** ***If the pharmacy does not perform nonsterile compounding in the same room as sterile compounding, inspector should answer this question as N/A.***	N/A		4.2.1, 4.2.6
29.1	PECs used for nonsterile compounding are placed at least one meter away from PECs used for sterile compounding.	N/A		4.2.1
29.2	Particle-generating activity must not be performed while sterile compounding is in process.	N/A		4.2.1
29.3	PECs are sufficiently effective that the room can continuously maintain ISO Class 7 classification air quality during nonsterile compounding.	N/A		4.2.1

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		Observation	Inspector Notes	USP Reference(s)
30.0	Does the pharmacy prepare Category 2 and Category 3 CSPs from nonsterile components? ***Inspector note: Category 1 CSPs can be made from nonsterile components.*** ***If the pharmacy does not compound using nonsterile components, the inspector should answer question as N/A.***	N/A		4.2.1, 4.2.6
31.0	Does the pharmacy's presterilization procedures comply with USP <797> standards? ***If no, go to compliance statements.*** ***If the pharmacy does not compound using nonsterile components, the inspector should answer question as N/A.***	N/A		4.2.6
31.1	Presterilization procedures, such as weighing and mixing, are completed in an ISO Class 8 or better environment (eg, anteroom or buffer room). ***Inspector note: This statement only applies for Category 2 and Category 3.***	N/A		4.2.6
31.2	Presterilization procedures, such as weighing and mixing, are performed in a single-use containment glove bag, CVE, BSC, or CACI to minimize the risk of airborne contamination. ***Inspector note: This statement only applies for Category 2 and Category 3. CVEs, BSCs, or CACIs used for presterilization procedures must be certified at least every six months.***	N/A		4.2.6

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		Observation	Inspector Notes	USP Reference(s)
	Certification and Environmental Monitoring Inspector to review past two (2) Certification reports for the SEC and all PECs.			5
32.0	Does the pharmacy ensure that each area related to CSP preparation is certified to meet the classified air quality standard appropriate for the activities conducted in that area in compliance with USP <797> standards? ***If no, go to compliance statements.*** ***Inspector is to review current certification reports.***	No	The PIC will request the third-party company to redo the cleanroom certification, as the certification conducted on June 28, 2024, was not performed under dynamic conditions, and the recorded Air Changes per Hour (ACH) were incorrect.	5
32.1	The most recent PEC and SEC certification reports are available for review.	Yes		4.2, 5, 20
32.2	Certification of all classified areas, including PECs, is performed at least every six months.	Yes		4.2.3, 5
32.3	Certification of all classified areas, including PECs, is performed whenever a device is relocated or a major service to the facility is performed. ***Inspector note: Classified areas must be recertified if there are changes to the area such as redesign, construction, replacement or relocation of any PEC, or alteration in the configuration of the room that could affect airflow or air quality.***	Yes		5
32.4	Certification reports are reviewed by the designated person(s). ***Inspector note: If the designated person(s) review is not documented, describe how it is ensured that the review occurred.***	Yes		4.2, 5

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		Observation	Inspector Notes	USP Reference(s)
32.5	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, pharmaceutical isolators, IVLFZ, and robotic enclosures) have been certified within the last six months. ***If no, record the date of the last certification and include a copy of the certification report with the inspection report.***	Yes		4.2.3, 5
32.6	All PECs meet ISO Class 5 air quality requirements with (total, nonviable) particle counts documented within the report. ***Inspector note: Per ISO definition, ISO Class 5 areas are certified as having less than 3,520 particles per cubic meter of air under dynamic operating conditions.*** ***If no, describe what occurred and the pharmacy's response to total airborne particle sampling results, data evaluation, and action level (eg, pharmacy took PEC out of service, pharmacy ordered new HEPA filter, PEC was repaired and re-certified).***	No		4.1.1, 5.1 Table 4
32.7	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last six months. ***Inspector note: Per ISO definition, ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air under dynamic operating conditions and ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air under dynamic operating conditions.*** ***If no, record the date of the last certification and include a copy of the certification report with the inspection report.***	No		4.1.1, 4.1.2, 5.1 Table 4

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		Observation	Inspector Notes	USP Reference(s)
32.8	All SECs meet ISO Class 7 air quality requirements and ISO Class 8 air quality requirements where permitted, with particle counts documented within the report. ***If no, describe what occurred and the pharmacy's response (eg, pharmacy reduced BUD, pharmacy used an alternative facility, pharmacy followed mitigation strategies, and/or disaster planning processes).***	No		4.1.1, 5.1 Table 4
33.0	Does the certification report received by the pharmacy have all required elements documented for the pharmacy's designated person(s) to make an informed decision related to functionality of PEC and SEC environments in compliance with USP <797> standards? ***Inspector note: It is recommended that the designated person review the certification report in its entirety.*** ***If no, go to compliance statements.***	No		5, 20
33.1	The certification report includes information about the equipment used for performing each test including last calibration date (or date when next calibration is due). ***Inspector note: Per USP, "total particle count testing must be performed under dynamic operating conditions using calibrated electronic equipment" and "all impaction air samplers must be serviced and calibrated as recommended by the manufacturer."***	Yes		5.1, 6.1, 20
33.2	The certification report includes the name of the certifier. ***Inspector note: Per USP <797>, a qualified certifier may have received training and education from professional organizations such as the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) and Controlled Environment Testing Association (CETA). Both organizations provide certification (Registered Certification Professional – Sterile Compounding Facilities), education, and resources.***	Yes		5

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		Observation	Inspector Notes	USP Reference(s)
33.3	The certification report describes the "dynamic conditions" including the number of personnel in the cleanroom suite. ***Inspector note: Compounders can perform mock compounding activities and/or performing media-fill while the certifier is conducting testing. Number of personnel present in the SEC must be documented.***	No		5, 20
33.4	**SEC: Airflow testing** is performed and documented on the certification report to determine acceptability of the **air volume and room air exchange rate (ACPH).** ***Inspector note: Per USP <797>, unclassified SCAs have no ACPH requirement.*** ***If pharmacy only compounds in an SCA, inspector should answer statement as N/A.***	No		4.2.4, 5 Table 6
33.5	**SEC:** All of the following ACPH required elements were documented on the certification report: the ACPH from HVAC, the ACPH contributed from the PEC, and the total ACPH. ***If pharmacy only compounds in an SCA, inspector should answer statement as N/A.***	No		4.2.4, 5
33.6	**The ISO Class 8 anteroom** is certified and documented as having a minimum of 20 ACPH with at least 15 ACPH of the total air change rate coming from HVAC through HEPA filters located in the ceiling. ***If the pharmacy has an ISO Class 7 anteroom, inspector should mark as N/A.***	No		4.2.4, 5 Table 6

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		Observation	Inspector Notes	USP Reference(s)
33.7	**The ISO Class 7 buffer room and ISO Class 7 anteroom (if required)** is certified and documented as having a minimum of 30 ACPH with at least 15 ACPH of the total air change rate in a room coming from the HVAC through HEPA filters located in the ceiling. ***Inspector note: If the PEC is used to meet the minimum total ACPH requirements, the PEC must not be turned off, except for maintenance.***	No		4.2.4, 5 Table 6
33.8	**SEC: Airflow testing** is performed and documented on the certification report to determine acceptability of the **room pressure differential** in doorways between adjacent rooms.	Yes		4.2.5, 5
33.9	**SEC:** The differential pressure measured was at least 0.020 inch water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed. ***Inspector note: No pressure differential is required between the SCA and the surrounding area.***	Yes		4.2.1, 4.2.5, 5
33.10	**SEC:** All SEC HEPA filters were leak tested (to confirm **HEPA filter integrity**).	Yes		5
33.11	**SEC:** All SEC HEPA filters with leaks were repaired. ***If leaks were not repaired, describe what actions pharmacy took (eg, pharmacy implemented mitigation strategies such as reduced BUD or used alternative pharmacy location).*** ***If no repairs were needed, inspector should answer statement as N/A.***	N/A		5

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		Observation	Inspector Notes	USP Reference(s)
33.12	**PEC: (Dynamic airflow) Smoke pattern tests** are performed for each PEC during dynamic operating conditions to demonstrate unidirectional airflow and sweeping action over and away from the CSPs. ***Inspector note: Per USP, "HEPA-filtered air must be supplied by the PEC at a velocity sufficient to sweep particles away from critical sites and maintain unidirectional airflow during operations. Proper design, control, and use minimizes turbulence and creation of eddies or stagnant air in the PEC."*** ***Describe if smoke pattern testing of PEC was documented thoroughly in the report or through video.***	No		4.2.2, 4.2.3, 5
33.13	**PEC: Dynamic airflow smoke pattern** confirms equipment and supplies necessary for performing compounding activities in the PEC do not disrupt unidirectional airflow. ***Inspector note: Per USP, "Proper placement of equipment in a PEC must be initially verified by a dynamic airflow smoke pattern test to demonstrate minimal disruption in airflow. The dynamic airflow smoke pattern test must be repeated if equipment is placed in a different location."***	No		4.2.2, 4.2.3, 4.5, 5, 9.1
33.14	**PEC: Total (nonviable) particle count** testing was performed under dynamic operating conditions using calibrated electronic equipment. ***Inspector note: Per USP, "Measurements of total airborne particles must be taken in each PEC at locations where there is greatest risk to the exposed CSPs, containers, and closures...Measurements of total airborne particles in other classified areas, including the buffer room(s) and anteroom(s), should be taken at representative locations that reflect the quality of air in the room(s)."***	No		5, 5.1

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		Observation	Inspector Notes	USP Reference(s)
33.15	**PEC:** All PEC HEPA filters were leak tested (to confirm HEPA filter integrity). ***Inspector note: The certification report for each PEC should show air velocities within the PEC.***	No		5
33.16	**PEC:** All PEC HEPA filters with leaks identified were repaired. ***If leaks were not repaired, describe what actions pharmacy took (example: PEC taken out of service until HEPA filter could be replaced).*** ***If no repairs were needed, inspector should answer statement as N/A.***	No		5
33.17	**PEC-IVLFZ:** Pharmacy's integrated vertical laminar flow zone (IVLFZ) meets design, functional requirements, and certification requirements under USP <797>. ***Inspector note: Per USP <797>, "Strategic location of air returns in addition to full coverage of HEPA-filters above the work surface is required. Both static and dynamic smoke studies of air returns in addition to full coverage of HEPA-filtered air void of turbulence, dead air zones, and refluxing from the HEPA filters to and across the entire work area and to the air returns must be documented (eg, with video)."*** ***If pharmacy does not use an IVLFZ, inspector should answer statement as N/A.***	N/A		4.2.3

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		Observation	Inspector Notes	USP Reference(s)
33.18	If a **robotic enclosure is used as the PEC**, or placed within the PEC, a dynamic airflow smoke pattern test must be performed initially and at least every 6 months thereafter to ensure that: 1) it is properly integrated into the facility, 2) there is no turbulence or refluxing at any critical site(s), 3) room air does not enter the PEC where sterile products and/or preparations may be exposed, and 4) all processes can be performed without introducing contamination to the direct compounding area(s). ***If pharmacy does not use a robotic enclosure, inspector should answer statement as N/A.***	N/A		4.2.3
34.0	Was smoke testing performed in SEC to confirm all particle generating equipment (eg, computers, printers, refrigerators, PECs) do not disrupt airflow? ***Inspector note: This question will be N/A unless the pharmacy is new, has recently completed construction, or equipment has been moved within SEC since last certification.***	N/A		5
35.0	Does the pharmacy have an established environmental monitoring (eg, microbiological air and surface monitoring) program in compliance with USP <797> standards? ***Inspector note: Per USP, "The goals of a microbiological air and surface monitoring program are to determine whether contamination is present at unacceptable levels and to assess whether proper personnel practices are being followed, cleaning and disinfecting agents are effective, and environmental quality is maintained."*** ***If no, go to compliance statements.***	Yes		6, 6.1, 6.2

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		Observation	Inspector Notes	USP Reference(s)
35.1	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed initially in the selected sampling sites to establish a baseline level of environmental quality for each classified area, ie, each ISO Class 5 PEC, each ISO Class 7, and ISO Class 8 room.	Yes		6, 6.1, 6.2
35.2	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed in conjunction with the certification of new facilities and equipment.	Yes		6, 6.1, 6.2
35.3	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed after any servicing of facilities or equipment.	Yes		6, 6.1, 6.2
35.4	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed in response to identified problems (eg, positive growth in sterility tests of sterile compounded preparation).	Yes		6, 6.1, 6.2
35.5	Environmental monitoring program (eg, viable air and/or surface monitoring) is performed in response to identified trends (eg, repeated positive gloved fingertip and thumb sampling results, failed media fill testing, or repeated observations of air or surface contamination).	Yes		6, 6.1, 6.2

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35.6	Results from the environmental monitoring program (eg, viable air and/or surface monitoring) are reviewed in response to changes that could impact the sterile compounding environment (eg, change in cleaning agents) and in conjunction with personnel data (ie, training records, visual observations, competency assessments) to assess the state of control and to identify potential risks of contamination. ***Inspector note: Per USP, the program is reviewed to "assess risks for contamination, potential routes of contamination, and the adequacy of cleaning and disinfecting agents and procedures. Regular review of the sampling data must be performed to detect trends and the results of the review must be documented."***	Yes		6, 6.1, 6.2, 20 Table 4, Table 7, Table 8
35.7	The pharmacy ensures that viable air and surface sampling is performed by a trained and competent individual who is familiar with the methods and procedures for air sampling and surface testing. ***If sampling is conducted by internal personnel, inspector should verify that documented training and competencies are located in the employee file.***	Yes		6, 6.1, 6.2
35.8	Environmental monitoring program (eg, viable air and/or surface monitoring) describes/identifies corrective actions to minimize the risk of CSP contamination and that these corrective actions are documented.	Yes		6, 20
36.0	Is surface sampling performed at the end of a compounding activity or shift but before the area has been cleaned and disinfected (to obtain a sample that is representative of the typical compounding conditions at the pharmacy)? ***Inspector note: this is a USP recommendation.***	Yes		6.1, 6.3

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37.0	Does the pharmacy send out all air quality for viable airborne samples to an external lab (third party) for incubation and processing? ***If pharmacy exclusively does internal incubation and results processing, inspector should answer statement as N/A.***	Yes		6.2.2
38.0	Does the pharmacy send out all surfaces for viable particle samples to an external lab (third party) for incubation and processing? ***If pharmacy exclusively does internal incubation and results processing, inspector should answer statement as N/A.***	Yes		6.3
39.0	For any samples that are sent to an external lab (third party), does the pharmacy receive a report from the third party confirming incubation parameters meet USP <797> requirements (eg, the correct temperature and the correct length of incubation time are documented in the report)? ***Inspector note: Incubation parameters are the same as seen in statements 40.6-40.7 and 41.4-41.5.*** ***This question applies for any air or surface sample sent to an external lab. If no, describe observations.***	Yes	Media fill EnV, CVS Microlab	6.2.2
40.0	Are processes for sampling and monitoring **air quality for viable airborne** particles in compliance with USP <797> standards? ***Inspector note: Per USP <797>, facilities performing any Category 3 compounding must adhere to the increased environmental monitoring requirements for all classified areas where Category 3 CSPs are compounded and increased environmental monitoring requirements apply at all times regardless of whether Category 3 CSPs are being compounded on a given day.*** ***Review six months of air sampling data to verify. If no, go to compliance statements.***	Yes		6.2, 6.2.1, 6.2.2, 6.2.3, 14.4.2 Box 5, Table 7

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Pharmacy Consultants LLC dba Omnicare of Spartanburg
e-Profile ID: 807689
Inspection Date: 10/24/2024

		Observation	Inspector Notes	USP Reference(s)
40.1	All classified areas are sampled using a volumetric active air sampling device (impaction air sampler). ***Inspector note: This sampling must be performed during dynamic operating conditions (to obtain a sample that is representative of the typical compounding conditions at the pharmacy).***	Yes		6.1, 6.2.1
40.2	All classified areas are sampled at the **frequencies** specified by USP for volumetric active air sampling. ***Inspector note: Per USP <797>, Category 1 and Category 2 compounding frequency is every six months and Category 3 compounding frequency is monthly.*** ***For facilities compounding any Category 3 CSPs, this must be completed within 30 days prior to the commencement of any Category 3 compounding and at least monthly thereafter regardless of the frequency of compounding Category 3 CSPs.***	Yes		6.2.1, 14.4.2
40.3	At least one cubic meter (1000 L) of air is tested using the volumetric active air sampling device from each sample location.	Yes		6.2.2 Box 5
40.4	All impaction air samplers are serviced and calibrated as recommended by the manufacturer.	Yes		6.1
40.5	The pharmacy uses an appropriate microbiological growth media for sampling. ***Inspector note: An appropriate microbiological growth media means a media that supports the growth of bacteria and fungi (eg, TSA), accompanied by a COA that verifies that the media meets expected growth promotion, pH, and sterilization requirements.***	Yes		6.2.2 Box 5

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		Observation	Inspector Notes	USP Reference(s)
40.6	The pharmacy incubates all air samples for time and temperature in compliance with USP <797> following the one media device method. ***Inspector notes: Per USP <797> (Box 5), when using the one media device method, sampling media is to be covered, inverted, and incubated at 30°C–35°C for no less than 48 hours. Then, after examination and recording of results, further incubated at 20°C–25°C for no less than five additional days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	Yes		6.2.2 Box 5
40.7	The pharmacy incubates all air samples for time and temperature in compliance with USP <797> following the alternative two media device method. ***Inspector note: Per USP <797> (Box 5), two samples may be collected for each sample location and incubated concurrently to shorten the overall incubation period. Both samples are TSA, or one sample is TSA and the other fungal media (eg, malt extract agar [MEA] or sabouraud dextrose agar [SDA]). Each sample is incubated in a separate incubator, one sample at 30°C-35°C for no less than 48 hours the other sample at 20°C-25°C for no less than five days. If fungal media is used, incubate at 20°C-25°C for no less than five days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	Yes		6.2.2 Box 6
40.8	Results for all plates are recorded for each sample and did not exceed USP <797> Table 7 action levels (or internal action levels if more restrictive). **ISO Class 5: >1 cfu/m^3/device** **ISO Class 7: >10 cfu/m^3/device** **ISO Class 8: > 100 cfu/m^3/device** ***Inspector note: Per USP <797>, if two sampling media devices are collected at a single location, all recovered growth on each must be documented and action levels applied to each sampling media separately.***	Yes		6.2.3 Table 7

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		Observation	Inspector Notes	USP Reference(s)
40.9	For any air sample locations exceeding action levels, pharmacy works with the assistance of a microbiologist to identify any microorganisms recovered to the genus level. ***Inspector note: Per USP <797>, an attempt must be made (meaning the lab attempted to identify the microorganisms and was unsuccessful).***	Yes		6.2.3
40.10	For any areas that exceed action levels, an investigation is conducted to attempt to determine cause and a corrective action plan is implemented.	Yes		6.2.3
41.0	Are processes for sampling and monitoring **surfaces for viable particles** in compliance with USP <797> standards? ***Review six months of surface sampling data to verify. If no, go to compliance statements.***	Yes		6.3
41.1	**Surfaces** and pass-through chambers in the cleanroom suite and SCA are sampled for microbial contamination for each classified area. ***Inspector note: Sampling locations must include work surfaces in each classified room, the interior of each ISO Class 5 PEC, and all pass-through chambers connecting to classified areas. USP recommends samples be taken from: equipment contained within the PEC, staging or working area near the PEC, and frequently touched surfaces.***	Yes		6.3, 6.3.1

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		Observation	Inspector Notes	USP Reference(s)
41.2	**Surfaces** within the cleanroom suite and SCA are sampled at the **frequencies** specified by USP for viable particle surface sampling. ***Inspector note: Category 1 and Category 2 CSP surface sampling frequency is monthly and Category 3 compounding is weekly, regardless of the frequency of compounding Category 3 CSPs.*** ***Additionally, surface sampling is to be performed within the PEC used to prepare Category 3 CSPs, at the end of each batch, before cleaning and disinfection occurs unless a self-enclosed robot is used. If a self-enclosed robot is used, frequency is at least once daily at the end of compounding operations.*** ***For facilities compounding any Category 3 CSPs, a surface sampling must be completed prior to assigning BUDs longer than the limits established in Table 13.***	Yes		6.3, 6.3.1, 14.4.2
41.3	The pharmacy uses an appropriate microbiological growth media for sampling. ***Inspector note: An appropriate microbiological growth media means a surface sampling device with a raised convex surface for sampling flat surfaces is used that contain general microbial growth media that supports the growth of bacteria and fungi (eg, TSA supplemented with additives that neutralize effects of any disinfecting agent, eg, lecithin and polysorbate 80), accompanied by a COA that verifies that the media meets expected growth promotion, pH, and sterilization requirements. Per USP, "sterile swabs wetted with sterile water or a sterile neutralizing buffer may be used when sampling irregular surfaces and difficult-to-reach locations such as crevices, corners, and spaces between surfaces."***	Yes		6.3.2 Box 6

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		Observation	Inspector Notes	USP Reference(s)
41.4	The pharmacy incubates all surface samples in compliance with USP <797> following the one media device method. ***Inspector notes: Per USP <797>, when using the one media device method, sampling media is to be covered, inverted, and incubated at 30°C-35°C for no less than 48 hours. Then, after examination and recording of results, further incubated at 20°C-25°C for no less than five additional days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	Yes		6.3.2 Box 6
41.5	The pharmacy incubates all surface samples in compliance with USP <797> following the alternative two media device method. ***Inspector note: Per USP <797>, two samples may be collected for each sample location and incubated concurrently to shorten the overall incubation period. Both samples are TSA, or one sample is TSA and the other fungal media (eg, MEA or SDA). Media must be supplemented with neutralizing additives (eg, lecithin and polysorbate 80). Each sample is incubated in a separate incubator, one sample at 30°C-35°C for no less than 48 hours the other sample at 20°C-25°C for no less than five days. If fungal media is used, incubate at 20°C-25°C for no less than five days.*** ***If the pharmacy does not utilize this method or sends offsite, inspector should answer statement as N/A.***	Yes		6.3.2 Box 7

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		Observation	Inspector Notes	USP Reference(s)
41.6	Results for all plates are recorded for each sample and did not exceed USP <797> Table 8 action levels (or internal action levels if more restrictive). **ISO Class 5: >3 cfu/media device** **ISO Class 7: >5 cfu/media device** **ISO Class 8: > 50 cfu/media device** ***Inspector note: Per USP <797>, if two sampling media devices are collected at a single location, all recovered growth on each must be documented and action levels applied to each sampling media device separately.***	Yes		6.3.3 Table 8
41.7	For any surface sample locations exceeding action levels, pharmacy works with the assistance of a microbiologist to identify any microorganisms recovered to the genus level. ***Inspector note: Per USP <797>, an attempt must be made (meaning the lab attempted to identify the microorganisms and was unsuccessful).***	Yes		6.3.3
41.8	For any areas that exceed action levels, an investigation is conducted to determine cause, and a corrective action plan is implemented.	Yes		6.3.3

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		Observation	Inspector Notes	USP Reference(s)
	Compounding Personal Hygiene and Garbing			
42.0	Does the pharmacy have a process to ensure all personnel entering the compounding area adhere to restrictions intended to minimize the risk of contamination in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.1
42.1	Compounding personnel are required to report conditions that may contaminate the sterile preparation and environment to the designated person(s). ***Inspector note: Per USP <797>, examples of conditions that have a higher risk of contaminating the CSP and sterile environment includes: rashes, recent tattoos, oozing sores, conjunctivitis, or active respiratory infections.***	Yes		3, 3.1
42.2	The designated person(s) is responsible for evaluating whether compounding personnel should be excluded from working in compounding areas before their conditions have been resolved. ***Inspector note: Per USP <797>, the designated person(s) may permit accommodations as long as the quality of the CSP and environment will not be affected.***	Yes		3, 3.1
42.3	Any accommodations permitted by the designated person(s) are documented.	Yes		3.1
42.4	Food (including mints, gum, etc) and drinks are not permitted in anterooms, buffer rooms, or segregated compounding areas.	Yes		3.1

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		Observation	Inspector Notes	USP Reference(s)
43.0	Does the pharmacy stock the necessary garb to ensure minimum garbing requirements are continuously met in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.3
43.1	The pharmacy stocks gowns and/or coveralls that are low-lint with sleeves that fit snugly around the wrists and an enclosed neck.	Yes		3.3
43.2	The pharmacy stocks shoe covers that are low lint.	Yes		3.3
43.3	The pharmacy stocks head covers that are low lint and cover the hair and ears.	Yes		3.3
43.4	The pharmacy stocks facial hair covers (not masks) that are low-lint. ***If the pharmacy does not have personnel with beards, inspector should answer this statement as N/A.***	Yes		3.3
43.5	The pharmacy stocks masks that are low lint.	Yes		3.3
43.6	The pharmacy stocks sterile, powder-free gloves.	Yes		3.3
43.7	**Category 1 and Category 2:** All non-disposable garb used to prepare Category 1 and Category 2 CSPs is laundered before reuse. ***If only disposable items are used, inspector should mark as N/A.***	Yes		3.3

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		Observation	Inspector Notes	USP Reference(s)
43.8	**Category 3 only:** The pharmacy stocks low lint face and neck coverings that ensure no skin is exposed. ***Inspector note: This is an additional garbing requirement for facilities preparing any Category 3 CSPs.*** ***If the pharmacy does not prepare Category 3 CSPs, inspector should answer statement as N/A.***	N/A		3.3, 14.4.2
43.9	**Category 3 only:** The pharmacy stocks sterile, low lint outer garb (including sterile sleeves over gauntlet sleeves when a RABS is used). ***Inspector note: This is an additional garbing requirement for facilities preparing any Category 3 CSPs.*** ***If the pharmacy does not prepare Category 3 CSPs, inspector should answer statement as N/A.***	N/A		3.3
43.10	**Category 3 only:** All non-disposable garb used to prepare Category 3 CSPs is **laundered and resterilized** with a validated cycle before each use. ***Document whether laundering and sterilization is performed in-house or by an outside vendor.*** ***If only disposable items are used, inspector should answer statement as N/A.***	N/A		3.3, 14.4.2

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		Observation	Inspector Notes	USP Reference(s)
	Media-Fill			
44.0	Is the media-fill testing simulation performed by the pharmacy in compliance with USP <797> standards? ***Inspector note: Per USP, "When performing a media-fill test, simulate the most difficult and challenging aseptic compounding procedures encountered by the person replacing all the components used in the CSPs with soybean-casein digest media. The simulation must capture elements that could potentially affect the sterility of the CSP."*** ***If no, go to compliance statements.***	Yes	Micro Lab	2.3
44.1	The simulation captures factors associated with the length of the process that can pose contamination risk (eg, operator fatigue, quality of equipment).	Yes		2.3
44.2	The simulation captures number of aseptic additions or transfers.	Yes		2.3
44.3	The simulation captures number, type, and complexity of manipulations.	Yes		2.3
44.4	The simulation captures number of personnel in the buffer room or SCA.	Yes		2.3
44.5	Does the facility define "the most difficult and challenging procedures" and the rationale for how they are the most challenging? ***Inspector note: Best practice is for this to be documented in an SOP. Inspectors may also find this information documented on a training/competency assessment checklist. For complex/variety of compounding practices, inspectors may find additional media fills are completed (more than what is required by the USP chapters).***	Yes		2.3, 20

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		Observation	Inspector Notes	USP Reference(s)
45.0	Are the pharmacy's media-fill storage, review, and preparation processes in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		2.3
45.1	If pharmacy uses commercial sterile microbial growth media, a COA was obtained. ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	Yes		2.3
45.2	The COA for the commercial sterile microbial growth media includes statements from the supplier that the lot of the growth media will support the growth of microorganisms. ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	Yes		2.3
45.3	Storage of commercial sterile microbial growth media is in accordance with manufacturer instructions. ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	Yes		2.3

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		Observation	Inspector Notes	USP Reference(s)
45.4	Commercial sterile microbial growth media is stored and used before its expiration date. ***Inspector note: Media is to be inoculated by the expiration date, meaning that the test needs to be started (not that incubation needs to be completed before the expiration date).*** ***If pharmacy does not use commercial sterile microbial growth media, inspector should answer statement as N/A.***	Yes		2.3
45.5	Sterile-to-sterile media-fill testing microbial growth media (non-commercial) was prepared and growth promotion capability was demonstrated prior to use, following USP <71>. ***If pharmacy only uses commercial sterile microbial growth media, inspector should answer statement as N/A.***	N/A		2.3
45.6	Nonsterile starting components (commercially available nonsterile soybean-casein digest powder) are dissolved to make a 3% nonsterile solution, manipulated in a manner that simulates nonsterile-to-sterile compounding activities, with a minimum of one positive control container. ***If pharmacy does not perform sterile compounding using nonsterile ingredients, inspector should answer statement as N/A.***	N/A		Box 2

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		Observation	Inspector Notes	USP Reference(s)
	Cleaning and Disinfection			7
46.0	Is the pharmacy equipped with the necessary cleaning and disinfecting equipment and supplies that comply with USP <797> standards? ***If no, go to compliance statements.***	Yes		7, 7.1.1, 7.1.2 <1072>
46.1	All cleaning and disinfecting supplies (eg, wipers, sponges, pads, and mop heads), with the exception of tool handles and holders, are low lint (and sterile if used within PEC).	Yes		7.1.2
46.2	Reusable cleaning tools are made of cleanable materials (no wood handles or any other porous material).	Yes		7.1.2
46.3	Reusable cleaning tools are dedicated for use in the classified areas or SCA and are not removed from these areas except for disposal.	Yes		7.1.2
46.4	The pharmacy has the appropriate cleaners **EPA-registered disinfecting agent(s)** to adequately perform cleaning and disinfection. ***Inspector note: Examples of EPA-registered disinfectants include, but are not limited to: phenolics; oxidizers, such as peroxyacetic acid and sodium hypochlorite; quaternary ammonium; and hydrogen peroxide. If the agent is EPA-registered, a registration number will be on the label. Compounding personnel should have access to SDS and information/knowledge on dwell times. Per USP, Box 7, the pharmacy is to ensure the contact time specified by the manufacturer is achieved.***	Yes		7.1.1 Box 7 <1072>

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		Observation	Inspector Notes	USP Reference(s)
46.5	The pharmacy has the appropriate EPA-registered sporicidal agent(s) to adequately perform sporicidal disinfection. ***Inspector notes: Examples of EPA-registered agents include but are not limited to: oxidizers such as peroxyacetic acid, sodium hypochlorite, and hydrogen peroxide.*** ***Compounding personnel should have access to SDS and information/knowledge on dwell times. Per USP, Box 8, the pharmacy is to ensure the contact time specified by the manufacturer is achieved.*** ***Per USP, Inspector should check to see if agent is effective against Clostridium difficile.***	Yes		7.1.1 Box 7 <1072>
46.6	All cleaning and disinfectant agents are appropriately labeled including expiration dates. ***Inspector should verify that no expired agents are present.***	Yes		7.1.1
46.7	When used in the PEC, any cleaning and disinfecting agents that are not "ready-to-use" sterile formulations are diluted using sterile water. ***If only ready-to-use sterile formulations are used, inspector should answer statement as N/A.***	Yes		7.1.1
47.0	Does the pharmacy's documented **cleaning and disinfection** activities for surfaces in the classified areas and/or SCA comply with the **frequencies** specified in USP <797> Table 10? ***Review cleaning logs to verify. If no, go to compliance statements.***	Yes		7.2 Table 10
47.1	All interior surfaces of the PEC are cleaned and disinfected on days when compounding occurs.	Yes		7.2 Table 10

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		Observation	Inspector Notes	USP Reference(s)
47.2	All interior surfaces of the PEC are cleaned and disinfected when surface contamination is known or suspected.	Yes		7.2 Table 10
47.3	The removable work tray inside the PEC is cleaned and disinfected on days when compounding occurs. ***If the PEC is not equipped with a removeable work tray, inspector should answer statement as N/A.***	Yes		7.2 Table 10
47.4	All equipment inside the PEC is cleaned and disinfected on days when compounding occurs.	Yes		7.2, 9.1 Table 10
47.5	All work surfaces outside of the PEC (eg, counters, work tables) are cleaned and disinfected on days when compounding occurs.	Yes		7.2 Table 10
47.6	All pass-through chambers are cleaned and disinfected on days when compounding occurs. ***If the pharmacy is not equipped with a pass-through chamber, inspector should answer statement as N/A.***	Yes		7.2 Table 10
47.7	Floors in the buffer room, anteroom, and/or SCA are cleaned and disinfected on days when compounding occurs.	Yes		7.2 Table 10
47.8	Sinks used for hand hygiene are cleaned and disinfected on each day of use.	Yes		4.4, 7.2, Table 10
47.9	Walls, doors, and door frames are cleaned and disinfected monthly.	Yes		7.2 Table 10

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Pharmacy Consultants LLC dba Omnicare of Spartanburg
e-Profile ID: 807689
Inspection Date: 10/24/2024

		Observation	Inspector Notes	USP Reference(s)
47.10	Storage and shelving bins are cleaned and disinfected monthly.	Yes		7.2 Table 10
47.11	All equipment outside the PEC are cleaned and disinfected monthly. ***Inspector note: Equipment in the SEC/SCA may include, but is not limited to: carts, refrigerators, computers, barcode readers, and label printers.***	Yes		7.2 Table 10
47.12	Ceilings in the buffer room and anteroom are cleaned and disinfected monthly. ***If the pharmacy performs compounding only in a SCA, inspector should answer statement as N/A.***	Yes		7.2 Table 10
47.13	Ceilings in the SCA are required to be cleaned and disinfected only when visibly soiled and when surface contamination is suspected. ***If the pharmacy performs compounding only in a cleanroom suite, inspector should answer statement as N/A.***	Yes		7.2 Table 10
47.14	The surface of the removable work tray and the area underneath the removable work tray of the PEC is cleaned and disinfected monthly. ***If the PEC is not equipped with a removable work tray, inspector should answer statement as N/A.***	Yes		7.2 Table 10
48.0	Does the pharmacy's documented application of **sporicidal disinfectant** on surfaces comply with the **frequencies** specified for each CSP category in USP <797> Table 10? ***Inspector note: Per USP <797>, if the pharmacy prepares any Category 3 CSPs, the cleaning requirements for Category 3 must be followed at all times regardless of whether a Category 3 CSPs is prepared on any given day.*** ***Review cleaning logs to verify. If no, go to compliance statements.***	Yes		7.2, 14.4.2 Table 10

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		Observation	Inspector Notes	USP Reference(s)
48.1	**Sporicidal disinfectant** is applied to all interior surfaces of the PEC at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.***	Yes		7.2, Table 10
48.2	Sporicidal disinfectant is applied to equipment inside the PEC at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.***	Yes		7.2 Table 10
48.3	Sporicidal disinfectant is applied to work surfaces outside the PEC (eg, counters, work tables) at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, application frequency is monthly. For any Category 3 compounding, application frequency is weekly.***	Yes		7.2 Table 10
48.4	Sporicidal disinfectant is applied to surfaces in the pass-through chambers at the specified frequency. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.*** ***If the facility is not equipped with a pass-through chamber, inspector should answer statement as N/A.***	Yes		7.2 Table 10

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		Observation	Inspector Notes	USP Reference(s)
48.5	Sporicidal disinfectant is applied to the floors in the buffer room, anteroom, and SCA at least monthly. ***Inspector note: For Category 1 and Category 2 compounding only, the application frequency is monthly. For any Category 3 compounding, the application frequency is weekly.***	Yes		7.2 Table 10
48.6	Sporicidal disinfectant is applied to walls, doors, and door frames at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		7.2 Table 10
48.7	Sporicidal disinfectant is applied to storage shelving and bins at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		7.2 Table 10
48.8	Sporicidal disinfectant is applied to equipment stored outside the PEC at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		7.2 Table 10
48.9	Sporicidal disinfectant is applied to ceilings in the buffer room, anteroom, and SCA at least monthly. ***Inspector note: Per USP <797>, Table 10, the application frequency is monthly for all category types. Per USP, ceilings of the SCA are required to be cleaned, disinfected, and applied with sporicidal disinfectant only when visibly soiled and when surface contamination is suspected. The SCA may not have an accessible ceiling.***	Yes		7.2 Table 10

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		Observation	Inspector Notes	USP Reference(s)
48.10	Sporicidal disinfectant is applied to sinks used for hand hygiene at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.***	Yes		4.4, 7.2 Table 10
48.11	Sporicidal disinfectant is applied to the work surface of the removable tray in the PEC and area underneath the removable work tray at least monthly. ***Inspector note: Per USP <797> Table 10, the application frequency is monthly for all category types.*** ***If the PEC is not equipped with a removable work tray, inspector should answer statement as N/A.***	Yes		7.2 Table 10
	Components FDA defines manufacturer... as used in section 510 of the Federal Food, Drug, and Cosmetic Act, includes the activities of relabelers, repackers, and salvagers. When not modified by "domestic" or "foreign," the term includes both domestic manufacturers and foreign manufacturers."			9
49.0	Does the pharmacy compound CSPs using active pharmaceutical ingredients (APIs) and non-API components? ***Inspector note: Per USP <797>, non-API components may include pharmaceutical excipients, sterile containers, and container closure systems.*** ***If the pharmacy does not compound using API or non-API components, inspector should answer this question as N/A.***	N/A		9.3
50.0	Is the pharmacy's selection of active API and non-API components in compliance with USP <797> standards? ***Verify by selecting products from the shelf of different suppliers and ask to see the COAs for those products. If no, go to compliance statements.*** ***If the pharmacy does not compound using API or non-API components, inspector should answer this question as N/A.***	N/A		9.3

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		Observation	Inspector Notes	USP Reference(s)
50.1	**APIs**: APIs used are compliant with the criteria in the USP–NF monograph, if one exists. ***If pharmacy does not compound CSPs that have a USP monograph, inspector should answer this statement as N/A.***	N/A		9.3.1
50.2	**APIs:** All APIs used have a COA that includes the specifications (eg, compendial requirements for quality) and that test results for the component show that the API meets expected quality.	N/A		9.3.1
50.3	**APIs:** All APIs used are manufactured by an FDA-registered facility. ***Inspector note: This is a Federal Food, Drug, and Cosmetic Act, Section 503A, requirement as well. Inspector should verify the pharmacy looks up the name of the manufacturer listed on the COA to determine if they are registered as an FDA drug establishment https://dps.fda.gov/decrs.***	N/A		9.3.1
50.4	All **non-API components** comply with the criteria in the USP–NF monograph, if one exists.	N/A		9.3.1
50.5	All **non-API components** are accompanied by documentation (eg, COA, labeling) that include the specifications and test results and shows that the component meets the specifications.	N/A		9.3.1

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		Observation	Inspector Notes	USP Reference(s)
50.6	All **non-API components** used are manufactured by an FDA-registered facility. ***Inspector note: Per USP <797>, "If a component cannot be obtained from an FDA-registered facility, the designated person(s) must select an acceptable and reliable source (see USP <1197> Good Distribution Practices for Bulk Pharmaceutical Excipients). The compounding facility must establish the identity, strength, purity, and quality of the ingredients obtained from that supplier by reasonable means. Reasonable means may include but are not limited to visual inspections, evaluation of a COA supplied by the manufacturer, and/or verification by analytically testing a sample to determine conformance with the COA or other specifications."***	N/A		9.3.1
51.0	Does the pharmacy have processes in place to evaluate API and non-API components upon receipt and before use in compliance with USP <797> standards? ***Inspector note: Non-API components may be defined as excipients, containers, and container closure systems.*** ***If no, go to compliance statements.*** ***If the pharmacy does not compound with API or other non-API components, inspector should answer question as N/A.***	N/A		9.3.2, 9.3.3
51.1	APIs or other components have been evaluated for use in sterile drug preparation. ***Inspector note: Per USP <797>, "Components labeled with 'not for pharmaceutical use,' 'not for injectable use,' 'not for human use' or an equivalent statement must not be used to compound for these purposes."*** ***If no, photograph and describe in the notes column. Request copies of the invoices for products with these types of labels.***	N/A		9.3.2, 9.3.3

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		Observation	Inspector Notes	USP Reference(s)
51.2	Upon receipt of each lot of a component, personnel verify the labeling and condition of each component and examine the external packaging for evidence of deterioration and other aspects of unacceptable quality (eg, outer packaging is damaged, temperature-sensing indicators show that the component has been exposed to excessive temperatures).	N/A		9.3.2, 9.3.3
51.3	Each lot of commercially available sterile, depyrogenated containers and container-closure systems are accompanied by a COA or other documentation showing conformance with established specifications for sterility and depyrogenation requirements.	N/A		9.3.1, 9.3.2, 9.3.3
51.4	The date of receipt by the pharmacy is clearly marked on each API or component package that lacks a vendor expiration date and are assigned and labeled with an expiration date not to exceed one year after receipt by the pharmacy.	N/A		9.3.2, 9.3.3
51.5	All components are reinspected before use. ***Inspector note: Per USP <797>, all packages must be inspected to detect container breaks, looseness of the cap or closure, and deviation from the expected appearance, aroma, and/or texture of the contents that might have occurred during storage. Sterile container closures are visually reinspected to ensure that they are free from defects that could compromise sterility and that they are otherwise suitable for their intended use.***	N/A		9.3.2, 9.3.3
51.6	Any component found to be of unacceptable quality upon receipt or reinspection prior to use is promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.	N/A		9.3.2, 9.3.3
51.7	Any other lots of that component from that vendor are examined to determine whether other lots have the same defect.	N/A		9.3.2, 9.3.3

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		Observation	Inspector Notes	USP Reference(s)
	Equipment and Supplies			9
52.0	Is the pharmacy equipped with the appropriate supplies and equipment used for compounding in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		9, 9.1, 9.2
52.1	Supplies (eg, beakers, utensils, needles, syringes, filters, and tubing sets) that contact components are not reactive, additive, sorptive, and do not alter the quality of sterile compounded preparation. ***Inspector note: The appropriate supplies are available as applicable to the type of CSPs prepared (eg, non-PVC, silicone-free, able to withstand high heat, able to be sterilized).***	Yes		9.2
52.2	Any supplies that are in direct contact with CSPs are sterile and/or depyrogenated.	Yes		9.2
52.3	The equipment must be able to be cleaned using the required agents and tools without damaging the equipment and/or contaminating the compounded preparation. ***Inspector note: Equipment used in compounding are of suitable composition and the surfaces that contact components are not reactive or sorptive.***	Yes		9.1

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		Observation	Inspector Notes	USP Reference(s)
52.4	When nonsterile ingredients, products, components, or devices (eg, non-sterile APIs and nonsterile vials and closures) are used for compounding, the pharmacy has the appropriate equipment to sterilize the finished product. Per USP, "Injectable compounded preparations that contain nonsterile components or that come into contact with nonsterile devices (eg, containers, tubing) during any phase of the compounding procedure must be sterilized within 6 hours after completing the preparation to minimize the generation of bacterial endotoxins in CSPs." ***If the pharmacy does not perform compounding that requires sterilization, inspector should answer statement as N/A.***	Yes		9.1, 9.3.1, 10
53.0	Does the pharmacy operate and maintain records for all equipment used for compounding in accordance with manufacturer specifications and USP <797> standards? ***If no, go to compliance statements.***	Yes		9.1, 20
53.1	Automated, mechanical, or electronic equipment (monitoring equipment, autoclaves, ovens, etc) are periodically inspected and calibrated yearly or in accordance with the equipment manufacturer guidelines.	Yes		9.1, 9.3.4
53.2	Automated compounding devices (ACDs) and other similar equipment (single channel or multi-channel) are assessed for accuracy and calibrated daily, prior to initial use, and a daily record is maintained. ***Inspector note: Per USP, "The precision of the equipment can be monitored based on an assessment of day-to-day variations in its accuracy measures. Compounding personnel must maintain a daily record of the accuracy measurements on the days the equipment is in use. Corrective actions must be implemented if accuracy measurements are outside the manufacturer's specification."***	Yes		9.1

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53.3	Incubators used for environmental and personnel monitoring are placed in a location outside of the sterile compounding area and calibrated in accordance with manufacturer's instructions. ***If the pharmacy does not incubate samples and or/media-fills in-house, inspector should answer statement as N/A.***	Yes		6.1, 6.2.2, 6.3.2
53.4	Incubators used for environmental and personnel monitoring are monitored for temperature during incubation periods either manually or by use of a continuous recording device. ***Inspector note: incubators store media at 20˚C-25˚C and 30˚C-35˚C. If the pharmacy has more than one incubator, review records for both incubators.*** ***View incubator temperature records to verify. Evaluate the size of the incubator and volume of media it can store. If the pharmacy does not incubate samples and/or media-fills in-house, inspector should answer statement as N/A.***	Yes		6.2.2, 6.3.2 Box 5
	Compounding Personnel Observation – Inspector ***must*** observe personnel performing compounding and related activities. This section will require the inspector to observe the staff while performing compounding and related activities. If the inspector is unable to view activities from a window or other observation area, it is expected they will gown/garb into compounding area. It is acceptable for pharmacy staff to perform mock compounding activities (with sterile saline or other drug) as long as all observations can be viewed.			
54.0	**Personnel Preparation Observation:** Before entering the compounding area, do compounding personnel remove any items that are not easily cleanable or are not necessary for compounding in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.1
54.1	All outer garments such as hats, scarves, sweaters, bandanas, vests, coats, and jackets are removed.	Yes		3.1

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54.2	Makeup and/or cosmetics are removed.	Yes		3.1
54.3	All hand, wrist, and other exposed jewelry, including piercings such as earrings, lip or eyebrow piercings, etc, are removed and any jewelry that cannot be removed is covered.	Yes		3.1
54.4	Earbuds or headphones are removed.	Yes		3.1
54.5	Electronic devices that are not necessary for compounding or other required tasks are prohibited from entering the compounding areas.	Yes		3.1
54.6	Nails are kept clean and neatly trimmed.	Yes		3.1
54.7	Any nail polish, artificial nails, or extenders are removed.	Yes		3.1
54.8	If worn, eyeglasses are wiped. ***If none of the pharmacy staff wear glasses, inspector should answer statement as N/A.***	N/A		3.1
54.9	Any accommodations permitted by the designated person(s) have been documented. ***Inspector note: Per USP <797>, accommodations may be permitted as long as the quality of the CSP and environment will not be affected.***	N/A		3.1

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		Observation	Inspector Notes	USP Reference(s)
55.0	**Hand Hygiene Observation:** Were compounding personnel entering the compounding area observed performing the appropriate hand washing procedures in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.2 Box 3
55.1	All personnel entering the compounding area performed hand hygiene.	Yes		3.2 Box 3
55.2	The order of hand washing was performed in the appropriate sequence in relation to the placement of the sink. ***Inspector note: If hand hygiene is completed outside of a classified area, alcohol-based hand rub must be used prior to donning garb.***	Yes		3.2 Box 3
55.3	Fingernails are cleaned under warm running water using a disposable nail cleaner (eg, nail pick). ***Inspector note: During observations, inspect whether nail picks are available for use when performing hand hygiene.***	Yes		3.2 Box 3
55.4	Brushes are not used for hand hygiene.	Yes		3.2 Box 3
55.5	Hands and forearms are washed up to the elbows with soap and warm water for at least 30 seconds. ***Inspector note: Compounding personnel describe method for ensuring they have washed for 30 seconds (example: clock or timer is available near the sink).***	Yes		3.2 Box 3

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		Observation	Inspector Notes	USP Reference(s)
55.6	Soap containers are not refilled or topped off.	Yes		3.2
55.7	Hands and forearms are completely dried up to the elbows with low-lint disposable towels or wipers.	Yes		3.2 Box 3
55.8	Hand dryers are not used for hand hygiene.	Yes		3.2 Box 3
56.0	**Garbing Observation:** Were compounding personnel observed following the appropriate garbing procedures in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		3.3
56.1	All personnel entering the compounding area are fully garbed (with the required garb as determined by the facility SOPs).	Yes		3.3
56.2	Compounding personnel entering the cleanroom suite and/or SCA adhere to the minimum garbing requirements in USP <797>. ***Inspector note: Per USP <797>, additional garbing requirements must be continuously met in the buffer room where Category 3 CSPs are prepared, regardless of whether Category 3 CSPs are compounded on a given day.***	Yes		3.3
56.3	Donning procedures are performed in an order that reduces the risk of contamination. ***Inspector note: USP recommends (not requires) the donning procedure to be performed in the anteroom. If no, inspector must describe in the notes column why a risk of contamination is a concern.***	Yes		3.3

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		Observation	Inspector Notes	USP Reference(s)
56.4	Doffing procedures are performed in an order that reduces the risk of contamination.	Yes		3.3
56.5	The order of garbing was performed in the appropriate sequence in relation to the placement of the sink. ***Inspector note: If hand hygiene is completed outside of a classified area, alcohol-based hand rub must be used prior to donning garb.***	Yes		3.2, 3.3
56.6	Sterile gloves are donned in a classified room or SCA. ***Inspector note: If hand hygiene is completed outside of a classified area, alcohol-based hand rub must be used prior to donning garb and again before sterile gloves are donned, see USP <797> FAQ #97.***	Yes		3.2
56.7	Skin is not exposed inside the ISO Class 5 PEC.	Yes		3.3
56.8	Garb is replaced immediately if it becomes visibly soiled or if its integrity is compromised.	Yes		3.3

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		Observation	Inspector Notes	USP Reference(s)
56.9	**Category 1 and Category 2 only:** Upon exit of the compounding area, all garb (except for gowns) is discarded or laundered prior to reuse. ***Inspector note: Gowns (disposable and non-disposable) may be reused within the same shift by the same person only if stored appropriately. If the facility prepares any Category 3 CSPs, additional garbing requirements must be followed and gowns must not be reused, inspector should answer statement as N/A.***	Yes		3.3
56.10	**Category 1 and Category 2 only:** Gowns reused within the same shift and by the same person are maintained in a manner that prevents contamination. ***Inspector note: Per USP <797>, gowns stored for reuse must be maintained in a classified area or adjacent to or within the SCA in a manner that prevents contamination (eg, away from sinks to avoid splashing). If the facility prepares any Category 3 CSPs, additional garbing requirements must be followed and gowns must not be reused; inspector should answer statement as N/A.***	Yes		3.3
57.0	List the name(s) of the CSPs observed by the inspector as part of live compounding demonstration.			
58.0	**Compounding Observation:** Are compounding personnel observed using the appropriate aseptic technique that ensures the quality of the CSP and the environment is maintained in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		1, 2.1, 2.3

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Pharmacy Consultants LLC dba Omnicare of Spartanburg
e-Profile ID: 807689
Inspection Date: 10/24/2024

		Observation	Inspector Notes	USP Reference(s)
58.1	All sterile compounding is performed in a PEC with ISO Class 5 conditions or better. ***If the pharmacy only performs immediate use compounding, inspector should answer this statement as N/A.***	Yes		4.1.2
58.2	**Category 2 and Category 3 only:** All PECs are placed in a cleanroom suite. ***Inspector note: Per USP, "If compounding only Category 1 CSPs, the PEC may be placed in an unclassified SCA."*** ***If the pharmacy only prepares Category 1 CSPs, inspector should answer this statement as N/A.***	Yes		4.1.2
58.3	Compounding personnel ascertain before use that components are of the correct identity, appropriate quality, within the expiration date, and have been stored under the proper conditions.	Yes		9.3.3
58.4	All items are wiped with a sporicidal disinfectant, EPA-registered disinfectant, or sterile 70% IPA prior to being introduced into the clean side of the anteroom, placed into a pass-through chamber, and/or brought into the SCA. ***Inspector note: The wiping procedure or agents used should not compromise the packaging integrity or render the product label unreadable. Disinfectant dwell time minimums, as specified by the manufacturer, are to be followed.***	Yes		8.1

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		Observation	Inspector Notes	USP Reference(s)
58.5	Before any item is introduced into the PEC, it is wiped with sterile 70% IPA using sterile low-lint wipers and allowed to dry before use. ***Inspector note: Per USP, "When sterile items are received in sealed containers designed to keep them sterile until opening, the sterile items may be removed from the covering as the supplies are introduced into the ISO Class 5 PEC without the need to wipe the individual sterile supply items with sterile 70% IPA. The wiping procedure must not render the product label unreadable."***	Yes		8.2
58.6	Aseptic processes and manipulations are performed in a manner intended to minimize the risk of contamination. ***Inspector note: Observe the compounder's technique to ensure proper aseptic technique is utilized such as: preparation occurs in the direct compounding area (DCA); the compounder does not interrupt first air during the compounding process; proper set up of equipment, supplies, and components that ensure first air is not interrupted; the compounder handles the syringe in a manner that does not introduce contaminates (touch contamination on the plunger rod); proper entry and exit of materials in ISO Class 5 PEC; and frequent sanitization of gloves.***	Yes		2.3
58.7	All critical sites (eg, vial stoppers, ampule necks, and IV bag septums) are wiped with sterile 70% IPA in the PEC and allowed to dry before puncturing.	Yes		7, 8.3
58.8	Gloves are disinfected with sterile 70% IPA immediately before compounding and regularly throughout the compounding process. ***Inspector note: Per USP, best practice is to re-sanitize each time hands re-enter the PEC. This may not occur when compounder is staging the next batch.***	Yes		3.3

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		Observation	Inspector Notes	USP Reference(s)
58.9	Gloves are regularly inspected for holes, punctures, or tears, and are replaced immediately if such defects are detected.	Yes		3.3
59.0	Do compounding personnel adhere to the USP established time limits for components after initial puncture or entry in compliance with USP <797> standards? ***Look at punctured, stored containers and confirm if puncture time or BUD is noted on the container and stored within time limits. If no, go to the compliance statements.***	Yes		15
59.1	Single dose containers (entered or punctured only in an ISO Class 5 air or cleaner air) are not used beyond 12 hours after initial puncture or entry or assigned BUD, whichever is shorter. ***Inspector note: This applies to conventionally manufactured single-dose vials, compounded single-dose CSPs used as components, and CSP stock solutions. The labeled storage requirements during that 12-hour period must be maintained. Additionally, per USP, "This time limit for entering or puncturing (a single-dose CSP or CSP stock solution) is not intended to restrict the BUD of the final CSP."***	Yes		15.1, 16.2
59.2	Multiple-use containers are not used for more than 28 days after initial puncture or entry, manufacturer specifications, or assigned BUD, whichever is shorter. ***Inspector note: This applies to conventionally manufactured multiple-dose vials and compounded multiple-dose CSPs used as components. Multiple-dose CSPs are required to meet the criteria for antimicrobial effectiveness testing (USP <51>) and must be stored under the conditions upon which its BUD is based (eg, refrigerator or controlled room temperature).***	Yes		14.5, 15.2, 16.1

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		Observation	Inspector Notes	USP Reference(s)
59.3	The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. ***Inspector note: Ampules or vials where the container closure system has been removed must not be stored for any time period.***	Yes		15.1
59.4	Pharmacy bulk package containers of sterile drugs for parenteral use are only entered or punctured in an ISO Class 5 PEC. ***Inspector note: Per USP, the pharmacy bulk package system must be used according to the manufacturer's labeling.***	Yes		15.3
60.0	**Inspect several different finished compounded sterile preparations.** Are all the finished compounded sterile preparations free from any evidence of particulates, filaments, floaters, or signs of contamination? ***Inspector note: If found, request the compounded preparation to be quarantined and notify NABP immediately. Additionally, list the name(s) of the compounded preparation(s) observed; description of type of contamination suspected (eg, filament or floater); number of preparations affected (eg, two of the five vials on the shelf); lot or batch information; BUD assigned; and collect photographs, copy of MFR, and CR.***	Yes		12

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		Observation	Inspector Notes	USP Reference(s)
61.0	Are there procedures for in-process checks performed by a pharmacist? ***Inspector note: In-process checks are safety steps for complex, multi-step compounding processes or high risk drugs or high risk populations (eg, neonates).*** ***These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is recommended to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage. Some checks may be done retrospectively and with the assistance of technology.***	Yes		2 Table 2, Table 3
62.0	**Cleaning and Disinfection Observation:** Does the pharmacy perform cleaning and disinfection activities in compliance with USP <797> standards? ***If inspector is unable to observe cleaning activities (due to timing of compounding activities observed), inspector should interview compounder(s) to have them walk through their normal process. If this occurs, inspector should record in notes column "process only."*** ***If no, go to compliance statements.***	Yes		7
62.1	All cleaning and disinfection activities are performed by appropriately garbed personnel.	Yes		7
62.2	Cleaning and disinfection are performed on all surfaces in the classified area and SCA.	Yes		7

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		Observation	Inspector Notes	USP Reference(s)
62.3	Cleaning is performed in the direction of clean to dirty areas.	Yes		7
62.4	Reusable cleaning tools are disinfected prior to and after each use.	Yes		7.1.2
62.5	Only sterile cleaning, disinfecting, and sporicidal agents are permitted for use in the PEC. ***Inspector note: If pharmacy utilizes non-ready to use (RTU) agents, they must be diluted with sterile water. Per USP, "Once opened, sterile cleaning and disinfecting agents and supplies (eg, closed containers of sterile wipers) and sterile 70% IPA may be reused for a time period specified as by the manufacturer and/or described in the facility written SOPs."***	Yes		7.1.1, 7.1.2
62.6	Only sterile supplies and equipment are permitted for use in the PEC. ***Inspector notes: Non-disposable cleaning tools or handles must be properly disinfected prior to entering the PEC and prior to use.***	Yes		7.1.1, 7.1.2
62.7	Compounding personnel are using the appropriate sterile cleaning, disinfecting, and sporicidal agents within the PEC.	Yes		7.1.1

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		Observation	Inspector Notes	USP Reference(s)
62.8	Compounding personnel are using the appropriate cleaning and disinfecting procedures and techniques within the PEC. ***Inspector note: Per USP, "All cleaning, disinfecting, and application of sporicidal disinfectants must be documented according to the facility's SOPs"; "Cleaning must be performed in the direction of clean to dirty areas"; and when 70% sterile IPA is used, it is used last and allowed to dry. There are differing opinions on the best order of cleaning. Procedure includes using a sterile low-lint wiper to all surfaces. Allow surfaces to dry completely before beginning compounding.***	Yes		7.1.2 Box 7, Box 8
62.9	The manufacturer's directions or published data for the minimum contact time is followed for each of the cleaning, disinfecting, and sporicidal disinfectant used. ***Per USP, contact times should be included in the SOP based on the agent used.***	Yes		7.1.1 Box 7, Box 8
62.10	Sterile 70% IPA is applied to all surfaces in the ISO Class 5 PEC at the frequencies specified by USP during active compounding. ***Inspector note: Per USP <797>, sterile 70% IPA must be applied: immediately before initiating compounding procedures, to the work surface of the PEC at least every 30 minutes (if the compounding process takes 30 minutes or less), to the work surface of the PEC immediately after compounding (when the compounding process takes more than 30 minutes), after each batch or lot is completed, and after cleaning and disinfecting.***	Yes		7

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		Observation	Inspector Notes	USP Reference(s)
	Sterilization and Depyrogenation			10
63.0	Does the pharmacy compound preparations with any nonsterile starting components? ***If the pharmacy does not compound preparations with any nonsterile starting components, inspector should answer question as N/A.***	N/A		10
64.0	Are injectable compounded preparations that contain nonsterile components or that come into contact with nonsterile devices (eg, containers, tubing) during any phase of the compounding procedure, sterilized within six hours after completing the preparation? ***If no, describe observations and collect a copy of the master formulation record, a copy of the compounding record, and a copy of the process for sterilization.*** ***If the pharmacy does not compound with nonsterile components or devices, or they only compound sterile ophthalmic and/or sterile drugs administered by inhalation, inspector should answer question as N/A.***	N/A		10
65.0	**Filter Sterilization:** Does the pharmacy use the appropriate type of sterilization method, equipment, documentation, and testing in compliance with USP <797> standards? ***View compounding records for CSPs sterilized by filtration to verify.*** ***Inspector note: The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (eg, affecting its strength, purity, or quality) or the packaging integrity.*** ***If no, go to compliance statements.*** ***If the pharmacy does not use this sterilization method, inspector should answer question as N/A.***	N/A		10.2 USP <1229.4>

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		Observation	Inspector Notes	USP Reference(s)
65.1	Sterilization by filtration is performed in an ISO 5 environment.	N/A		4.1.2, 10.2
65.2	Filters used have enough capacity to filter the required volumes. ***Inspector note: Per USP, "The filter dimensions and the CSP to be sterilized by filtration should permit the sterilization process to be completed without the need for replacement of the filter during the process."***	N/A		10.2
65.3	The 0.2 micron sterile micro-porous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP. Inspector note: Per USP <797>, sterilizing filters must be appropriate for pharmaceutical use. Sterilizing filters labeled "for laboratory use" or equivalent must not be used. "Sterilizing filters must be certified by the manufacturer to retain at least 107 microorganisms of a strain of Brevundimonas diminuta per square centimeter of upstream filter surface area under conditions similar to those in which the CSPs will be filtered (ie, pressure, flow rate, and volume filtered)."	N/A		10.2
65.4	Confirmation of filter integrity (bubble testing) is performed and documented for each filter used with each batch sterilized by filtration. ***Inspector note: If multiple filters are required for the compounding process, each of the filters must be tested.*** ***If no, collect a copy of the master formulation record and compounding record.***	N/A		10.2

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		Observation	Inspector Notes	USP Reference(s)
65.5	A prefiltration step is performed for any CSPs that are known to contain excessive particulate matter. ***Inspector note: The prefiltration step consists of using a filter with a larger nominal pore size (eg, 1.2 micron) or a separate filter of larger nominal pore size should be placed upstream of (ie, prior to) the sterilizing filter to remove gross particulate contaminants before the CSP is passed through the sterilizing-grade filter.***	N/A		10.2
65.6	CSPs that are prepared using a filter that failed integrity tests are either discarded or, after investigating the cause of the failure and selection of an appropriate filter, refiltered for sterilization not more than one additional time. ***If no, collect a copy of the master formulation record and compounding record.***	N/A		10.2
65.7	Single-use filters are only used once.	N/A		4.1.2, 10.2
66.0	**Steam Sterilization:** Does the pharmacy use the appropriate type of sterilization method, equipment (autoclave), documentation, and testing in compliance with USP <797> standards? ***Inspector note: The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (eg, affecting its strength, purity, or quality) or the packaging integrity.*** ***View documentation on compounding records for CSPs sterilized by steam to confirm. If no, go to compliance statements.*** ***If the pharmacy does not use this sterilization method, inspector should answer question as N/A.***	N/A		10.3 USP <1229.1>

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		Observation	Inspector Notes	USP Reference(s)
66.1	The pharmacy has evaluated if steam sterilization would cause degradation of the drug. ***Inspector note: Per USP, compounded preparations that are degraded by moisture, pressure, or temperatures used may not be sterilized by steam heat.***	N/A		10.3
66.2	Steam supplied is free of contaminants and generated using water per manufacturer's specifications.	N/A		10.3
66.3	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization.	N/A		10.3
66.4	Items are placed in the autoclave in a manner that allows steam to reach them without entrapment of air. ***Inspector note: The pharmacy should have the autoclave cycle validated for the size of the batch, sterilization temperature, and sterilization time to ensure the load will be sterile.***	N/A		10.3 USP <1229.1>
66.5	Sealed containers used are able to generate steam internally (eg, small amount of water in empty crimped vials).	N/A		10.3

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		Observation	Inspector Notes	USP Reference(s)
66.6	The appropriate biological indicators (USP <1229>) are used to verify the effectiveness of each sterilization run or load and documented in the compounding record. ***Inspector note: Per USP <797>, "The effectiveness of steam sterilization must be verified and documented with each sterilization run or load by using appropriate biological indicators, such as spores of Geobacillus stearothermophilus (ATCC 12980, ATCC 7953, or equivalent; see Biological Indicators for Sterilization USP <1229.5>), and other confirmation methods such as physicochemical indicators (see Physicochemical Integrators and Indicators for Sterilization USP <1229.9>). The date, run, and load numbers of the steam sterilizer used to sterilize a CSP is documented in the compounding record."***	N/A		10.3 USP <1229.5> USP <1229.9>
66.7	All items are directly exposed to steam under adequate pressure for the length of time necessary as determined by use of appropriate biological indicators to render the items sterile. ***Inspector note: Per USP <797>, the duration of the exposure period must include sufficient time for the entire contents of the CSP and other items to reach the sterilizing temperature. The CSP and other items must remain at the sterilizing temperature for the duration of the sterilization period (an example provided in the chapter is 20-60 minutes at 121°C saturated steam under a pressure of 15 psi, depending on the volume or size of the CSP being sterilized).*** ***Any parameters for the autoclave must be set through validation.***	N/A		10.3 USP <1229.1>
66.8	A calibrated data recorder or chart is used to monitor each cycle and to examine for cycle irregularities (eg, deviations in temperature or pressure) and results documented on the CR.	N/A		10.3, 20

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		Observation	Inspector Notes	USP Reference(s)
67.0	**Dry Heat Sterilization:** Does the pharmacy use the appropriate type of sterilization method, equipment, documentation, and testing in compliance with USP <797> standards? ***Inspector note: The sterilization method used must sterilize the CSP without degrading its physical and chemical stability (eg, affecting its strength, purity, or quality) or the packaging integrity. USP <1229.8> also applies.*** ***View documentation on compounding records for CSPs sterilized by dry heat to confirm. If no, go to compliance statements.*** ***If the pharmacy does not use this sterilization method, inspector should answer question as N/A.***	N/A		10.4 USP <1229.8>
67.1	The pharmacy has the appropriate dry heat sterilization equipment. ***Inspector note: Dry heat sterilization is usually performed in an oven designed for sterilization at 160°C or higher. The dry heat oven should be able to get to the appropriate temperature and pressure, for example, not be a toaster oven.***	N/A		10.4
67.2	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization.	N/A		10.4
67.3	During sterilization, sufficient space is left between materials to allow for circulation of hot air.	N/A		10.4
67.4	CSPs and other items are exposed to dry heat for the length of time necessary for all items to reach sterilizing temperature of 160°C or higher. ***Inspector note: Per USP <797>, if lower temperatures are used, they are validated by biological indicators (see USP <1229.8>, Validation of Dry Heat Sterilization, Biological Indicators). The calibrated oven must be equipped with temperature controls and a timer.***	N/A		10.4

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		Observation	Inspector Notes	USP Reference(s)
67.5	The appropriate biological indicators are used to verify the effectiveness each sterilization run or load and documented in the compounding record. ***Inspector note: Per USP <797>, "The effectiveness of dry heat sterilization must be verified and documented with each sterilization run or load by using appropriate biological indicators, such as spores of Bacillus atrophaeus (ATCC 9372; see Biological Indicators for Sterilization USP <1229.5>) and other confirmation methods (e.g., temperature-sensing devices). The date, run, and load numbers of the dry heat oven used to sterilize a CSP must be documented in the CR."***	N/A		10.4 USP <1229.5>
67.6	A calibrated data recorder or chart is used to monitor each cycle and the data is reviewed to identify cycle irregularities (eg, deviations in temperature or exposure time) and results documented on the CR.	N/A		10.4, 20
68.0	**Dry Heat Depyrogenation:** Is the appropriate depyrogenation method used and documented in compliance with USP <797> standards? ***View documentation records of items depyrogenated to confirm.*** ***If the pharmacy does not use this method, inspector should answer question as N/A.***	N/A		10.1 USP <1228.1>
68.1	Glassware, metal, and other thermostable containers are exposed to dry heat for the length of time necessary for all items to be rendered pyrogen free.	N/A		10.1
68.2	The effectiveness of the dry heat depyrogenation cycle is established and documented. ***Inspector note: Per USP <797>, this must be done initially, re-established any time there are changes made to the cycle (eg, load conditions, duration, temperature), and verified at least annually by using endotoxin challenge vials (ECVs) to demonstrate that the cycle is capable of achieving a ≥ 3-log reduction in endotoxins (see Bacterial Endotoxins Test USP <85>). The verification must be documented.***	N/A		10.1 USP <1228.1> USP <85>

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		Observation	Inspector Notes	USP Reference(s)
68.3	Items that are not thermostable are depyrogenated by multiple rinses with sterile, nonpyrogenic water (eg, sterile water for injection or sterile water for irrigation) and then thoroughly drained or dried immediately before use in compounding. ***Inspector note: USP <1228.4> Depyrogenation by Rinsing also applies.***	N/A		10.1 USP <1228.4>
	Master Formulation and Compounding Records Inspector should review a minimum of five (5) master formulation records and five (5) compounding records.			11
69.0	Are **Master Formulation Records (MFRs)** created and maintained in compliance with USP <797> standards? ***If no, go to the compliance statements.***	Yes		11.1
69.1	The pharmacy creates and maintains MFRs for CSPs that are prepared for more than one patient.	Yes		11.1, 20
69.2	MFR changes and alterations are approved and documented according to the pharmacy's SOPs.	Yes		11.1
69.3	The pharmacy creates and maintains MFRs for CSPs that are prepared from nonsterile ingredients.	Yes		11.1, 20
69.4	The MFR includes the name, strength or activity, and dosage form of the sterile compounded preparation.	Yes		11.1, 20
69.5	The MFR includes the identities and amounts of all ingredients.	Yes		11.1, 20
69.6	The MFR includes the type and size of container closure.	Yes		11.1, 20

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Sterile Compounding Inspection for USP <797>

Facility Name: Pharmacy Consultants LLC dba Omnicare of Spartanburg
e-Profile ID: 807689
Inspection Date: 10/24/2024

		Observation	Inspector Notes	USP Reference(s)
69.7	The MFR includes complete instructions for preparing the sterile compounded preparation, including equipment, supplies, a description of the compounding steps, and any special precautions.	Yes		11.1, 20
69.8	The MFR includes a physical description of the final CSP.	Yes		11.1, 20
69.9	The MFR includes the BUD and storage requirements.	Yes		11.1, 14.2, 20
69.10	The MFR includes the reference source to support the stability of the CSP.	Yes		11.1, 20
69.11	The MFR includes quality control procedures (eg, pH testing, filter integrity testing).	Yes		11.1, 20
69.12	The MFR includes other information as needed to describe the compounding process and ensure repeatability (eg, adjusting pH and tonicity, sterilization method).	Yes		11.1, 20
69.13	The MFR includes all required release tests, and if applicable, sterility test methods, process, number and endotoxin test and limits.	Yes		11.1, 12, 20

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		Observation	Inspector Notes	USP Reference(s)
70.0	Are **Compounding Records (CR)** created and maintained in compliance with USP <797> standards? ***Inspector note: Per USP, a prescription or medication order or label may serve as the CR. Also, a copy of the MFR can be made that contains spaces for recording the information needed to complete the CR (eg, both the MFR and CR are on the same document/form). A CR may be kept electronically, if readily retrievable, as long as it contains all required information.*** ***If no, go to compliance statements.***	Yes		11.2 Box 10
70.1	The pharmacy creates and maintains CRs for all for immediate-use CSPs prepared for more than one patient. ***Inspector note: if pharmacy does not prepare any CSPs for immediate-use, inspector should answer compliance statement as N/A.***	Yes		11.2 Box 10
70.2	The pharmacy creates and maintains CRs for all Category 1, Category 2, and Category 3 CSPs.	Yes		11.2 Box 10
70.3	The CR includes the name, strength or activity, dosage form of the CSP, and (if applicable) the MFR reference.	Yes		11.2 Box 10
70.4	The CR includes the date and time of preparation.	Yes		11.2 Box 10
70.5	The CR includes an assigned internal identification number (eg, prescription, order, or lot number).	Yes		11.2 Box 10
70.6	The CR includes the identity of the individual(s) involved in the compounding process.	Yes		11.2 Box 10

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		Observation	Inspector Notes	USP Reference(s)
70.7	The CR includes identity of the individual(s) verifying the final CSP.	Yes		11.2 Box 10
70.8	The CR includes the name of each component.	Yes		11.2 Box 10
70.9	The CR includes the vendor/manufacturer, lot number, and expiration date for each component. ***Inspector note: this is required for CSPs prepared for more than one patient and for CSPs prepared from nonsterile ingredient(s).***	Yes		11.2 Box 10
70.10	The CR includes the weight or volume of each component.	Yes		11.2 Box 10
70.11	The CR includes the strength or activity of each component.	Yes		11.2 Box 10
70.12	The CR includes the total quantity compounded.	Yes		11.2 Box 10
70.13	The CR includes the final yield (eg, quantity, containers, number of units).	Yes		11.2 Box 10
70.14	The CR includes the assigned BUD and storage requirements.	Yes		11.2 Box 10
70.15	The CR includes results of quality-control procedures (eg, visual inspection, filter integrity testing, pH testing).	Yes		11.2, 12 Box 10

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		Observation	Inspector Notes	USP Reference(s)
70.16	The CR includes calculations made to determine and verify quantities and/or concentrations of components. ***Inspector note: Per USP, "If applicable, the CR must also include...Calculations."***	Yes		11.2 Box 10
70.17	The CR is verified by the pharmacist for appropriateness and accuracy with in-process and final checks. ***Inspector note: "Documentation must comply with all laws and regulations of the applicable regulatory jurisdiction."***	Yes		2, 11.2, 12.1, 13, 20 Box 10
71.0	Are the pharmacy's labels for CSPs in compliance with USP <797> standards and display all required information? ***If no, go to compliance statements.***	Yes		13 USP <7>
71.1	Information on the label is prominently and legibly displayed. ***Inspector note: Definition of labeling includes other accompanying materials with the CSP, which includes, "written, printed, or graphic matter on the immediate container or on or inside any package or wrapper in which it is enclosed." The shipping container is not included in the definition of the "label."***	Yes		13
71.2	Labeling meets any state or federal regulatory requirements.	Yes		13
71.3	Labeling on the immediate container includes an assigned internal identification number (eg, barcode, prescription, order, or lot number).	Yes		13

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		Observation	Inspector Notes	USP Reference(s)
71.4	Labeling on the immediate container includes the active ingredients and their amounts, activity, or concentration.	Yes		13
71.5	Labeling on the immediate container includes the storage conditions, if other than controlled room temperature.	Yes		13
71.6	Labeling on the immediate container includes the BUD. Per USP, "Each CSP label must state the date, or the hour and date, beyond which the preparation must not be used and must be discarded (ie, the BUD)."	Yes		13, 14.1
71.7	The compounded CSP label does not use the term "expiration date" or equivalent.	Yes		13, 14.1 USP <7>
71.8	Labeling on the immediate container includes the dosage form.	Yes		13
71.9	Labeling on the immediate container includes the total amount or volume when not obvious from the container.	Yes		13
71.10	Labeling on the immediate container states that the CSP is a single-dose container (when space permits).	Yes		13
71.11	Labeling on the immediate container states that the CSP is a multiple-dose container.	Yes		13
71.12	Labeling includes the route of administration, as applicable.	Yes		13
71.13	Labeling includes any special handling instructions and/or warning statements, as applicable.	Yes		13

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		Observation	Inspector Notes	USP Reference(s)
71.14	Labeling includes the compounding facility name and contact information if the CSP is to be sent outside of the facility or health care system in which it was compounded.	Yes		13
72.0	Does the label contain information identifying the CSP is a compounded preparation? ***Inspector note: Per USP, this is a recommendation/should.***	Yes		13 USP <7>
	Establishing BUDs			14
73.0	**Category 1 and Category 2 CSPs:** Does the pharmacy assign BUDs for Category 1 and Category 2 CSPs in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		14, 14.1, 14.2
73.1	The assigned BUD does not exceed the shortest expiration date of any of the individual commercially available starting components.	Yes		14.3
73.2	When assigning BUDs, the pharmacy ensures that the CSP formulation remains chemically and physically stable and that its packaging maintains its integrity for the duration of the assigned BUD.	Yes		14.3
73.3	**Category 1 CSPs:** BUDs for **Category 1 CSPs** prepared in an SCA do not exceed the limits established in Table 12. ***Inspector note: Per USP <797> Table 12, BUD maximum limits for Category 1 CSPs are defined as 12 hours at controlled room temperature (CRT 20°C-25°C) or 24 hours refrigerated (2°C-8°C).*** ***If no Category 1 CSPs are prepared, inspector should answer statement as N/A.***	Yes		14.3, Table 12

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		Observation	Inspector Notes	USP Reference(s)
73.4	**Category 2 CSPs:** BUDs for **aseptically processed (by filtration) Category 2 CSPs** that **do not** undergo sterility testing do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for aseptically processed Category 2 CSPs using one or more nonsterile starting components are defined as: one day CRT; four days refrigerator; and 45 days freezer. Aseptically processed Category 2 CSPs using only sterile starting components are defined as: four days CRT; 10 days refrigerator; and 45 days freezer.*** ***If no aseptically processed Category 2 CSPs are prepared, inspector should answer statement as N/A.***	Yes		14.3, Table 13
73.5	**Category 2 CSPs:** BUDs for **aseptically processed (by filtration) Category 2 CSPs** where **sterility testing and endotoxin testing (if applicable) are performed** and passed do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for aseptically processed Category 2 CSPs, that were sterility tested and passed, regardless of starting components being sterile or nonsterile, are defined as: 30 days CRT; 45 days refrigerator; and 60 days freezer.*** ***If no aseptically processed Category 2 CSPs are prepared, inspector should answer statement as N/A.***	Yes		14.3, 14.2.1, 14.2.3, Table 13

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		Observation	Inspector Notes	USP Reference(s)
73.6	**Category 2 CSPs:** BUDs for **terminally sterilized Category 2 CSPs that do not** undergo sterility testing do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for terminally sterilized to probability of nonsterile unit (PNSU) of 10^{-6} (eg, dry heat, steam, irradiation) Category 2 CSPs are defined as: 14 days CRT; 28 days refrigerator; and 45 days freezer.*** ***If no terminally sterilized Category 2 CSPs are prepared, inspector should answer statement as N/A.***	Yes		14.3, 14.2.1, Table 13
73.7	**Category 2 CSPs:** BUDs for **terminally sterilized Category 2 CSPs where sterility testing and endotoxin testing (if applicable) are performed** and passed do not exceed the limits established in Table 13. ***Inspector note: Per USP <797> Table 13, BUD maximum limits for terminally sterilized to PNSU of 10^{-6} (eg, dry heat, steam, irradiation) Category 2 CSPs are defined as: 45 days CRT; 60 days refrigerator; and 90 days freezer. Endotoxin testing is required for Category 2 injectable CSPs compounded from one or more nonsterile component(s) and assigned a BUD that requires sterility testing.*** ***USP <797> recommends that all injectable Category 2 CSPs made from one or more nonsterile components are also endotoxin tested.*** ***If no terminally sterilized Category 2 CSPs are prepared, inspector should answer statement as N/A.***	Yes		14.3, 14.2.1, 14.2.3, Table 13

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		Observation	Inspector Notes	USP Reference(s)
74.0	Does the pharmacy ensure the assigned BUD does not exceed the shortest beyond use date of any individual compounded components? ***Inspector note: Per USP, "the BUD should generally not exceed the shortest BUD of any of the individual compounded components. However, there may be acceptable instances when the BUD of the final CSP exceeds the BUD assigned to compounded components (eg, pH-altering solutions). If the assigned BUD of the final CSP exceeds the BUD of the compounded components, the physical, chemical, and microbiological quality of the final CSP must not be negatively impacted." Other examples where this may occur: formula within a formula, preservative-free compounded component used in a preserved final CSP, "in-use" times for pharmacy bulk packages, and cyclosporine ophthalmic stock solution.*** ***If no, inspector should describe the observations, including the name of the component whose BUD was shorter than the assigned BUD of the final CSP.***	Yes		14.3
75.0	Are BUDs for **Category 3 CSPs** assigned in compliance with all conditions outlined in USP <797> standards and do not exceed the maximum limits established in Table 14? ***Inspector note: If all of the conditions described for Category 3 CSPs are not met, the applicable BUD must not exceed the established maximum limits in Table 13 for Category 2 CSPs.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare Category 3 CSPs, inspector should answer question as N/A.***	N/A		14.3, 14.4., 14.4.1, 14.4.2, 14.4.3, 14.4.4, Table 14
75.1	The assigned BUD does not exceed the shortest expiration date of any of the individual starting components.	N/A		14.3 Table 14

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		Observation	Inspector Notes	USP Reference(s)
75.2	When assigning BUDs, the pharmacy ensures that the CSP formulation remains chemically and physically stable and its packaging maintains its integrity for the duration of the assigned BUD.	N/A		14.3 Table 15
75.3	BUDs for **Category 3 CSPs** do not exceed the maximum limits for aseptically processed (eg, filtered) established in Table 14. ***Inspector note: Per USP <797> Table 14, BUD maximum limits for aseptically processed Category 3 CSPs where sterility testing (and endotoxin testing, if applicable) had been performed and passed are defined as: 60 days CRT; 90 days refrigerator; and 120 days frozen.***	N/A		14.4.1 Table 14
75.4	BUDs for **Category 3 CSPs** do not exceed the maximum limits for terminally sterilized established in Table 14. ***Inspector note: Per USP <797> Table 14, BUD maximum limits terminally sterilized Category 3 CSPs where sterility testing (and endotoxin testing, if applicable) had been performed and passed are defined as: 90 days CRT; 120 days refrigerator; and 180 days frozen.***	N/A		14.4.1 Table 14

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		Observation	Inspector Notes	USP Reference(s)
75.5	**Category 3 CSPs** are supported by stability data obtained using methods described in USP <1225> or a validated noninferior stability-indicating analytical method. ***Inspector note: Per USP <797>, Category 3 CSPs must prepared according to the EXACT formulation (API and other ingredients of identical grade and procedures) from which the stability data is derived. Category 3 CSPs must be packaged and stored in container closure of the same materials of composition as used in study and the facility must have documentation of the stability study.*** ***View records to verify the preparation exactly matches the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.***	N/A		14.4.3 Table 14 USP <1225>
75.6	**Category 3 CSPs** undergo sterility testing. ***Inspector note: Sterility testing is performed on all Category 3 CSPs.***	N/A		14.4.4 Table 14 USP <71>
75.7	**Category 3 CSPs** undergo bacterial endotoxin testing. ***If all compounds prepared are ophthalmics and/or drug administered by inhalation, bacterial endotoxin is not required, inspector should answer statement as N/A.***	N/A		12.3, 14.4.4 Table 14 USP <85>
75.8	**Category 3 CSPs** undergo particulate matter testing. ***Inspector note: If the Category 3 CSP is an injection or an ophthalmic solution, particulate matter testing is also conducted once per formulation with acceptable results (See USP <788> Particulate Matter in Injections and USP <789> Particulate Matter in Ophthalmic Solutions).***	N/A		14.4.3 Table 14 USP <788>, <789>

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		Observation	Inspector Notes	USP Reference(s)
75.9	**Category 3 CSPs** undergo an evaluation for the container closure system. ***Inspector note: The container closure system used is evaluated for and conforms to container closure integrity to the end of the BUD (see USP <1207> Package Integrity Evaluation— Sterile Products). Evaluation must be done once for each formulation and for each container closure system in which it will be packaged.***	N/A		14.4.3 Table 14 USP <1207>
76.0	Are **multiple-dose CSPs prepared** in compliance with USP <797> standards? ***If no, go to compliance statements.*** ***If the pharmacy does not prepare multiple-dose CSPs, inspector should answer question as N/A.***	N/A		14.5
76.1	Multiple-dose CSPs are prepared as a Category 2 or Category 3 CSP only.	N/A		14.5
76.2	When preservatives are used, they are appropriate for the CSP formulation and the route of administration. Inspector note: Per USP <797>, "The preservative must not be inactivated by any ingredients in the CSP, and some preservatives are not always appropriate for the patient (eg, neonates) or route of administration (eg, intrathecal or ophthalmic injection)."	N/A		14.5

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		Observation	Inspector Notes	USP Reference(s)
76.3	Aqueous multiple-dose CSPs pass antimicrobial effectiveness testing in accordance with USP <51>. ***Inspector note: Per USP <797>, a test can be one test done for each formulation in the particular container-closure system in which it will be packaged, or test results provided by an FDA-registered facility or in appropriate peer-reviewed literature,, provided the sterile compounded preparation formulation and container-closure system used are exactly the same as those tested, unless a bracketing study is performed. The concentration of all other ingredients (including preservatives) must be the same throughout the bracketing study. Additionally, multiple-dose, nonpreserved, aqueous topical, and topical ophthalmic CSPs prepared as a Category 2 or Category 3 CSP are not required to pass antimicrobial effectiveness testing if the preparation is: For use by a single patient, labeled (in the label or labeling) to indicate that, once opened, it must be discarded after 24 hours when stored at controlled room temperature and/or that, once opened, it must be discarded after 72 hours when stored under refrigeration.***	N/A		14.5 USP <51>
76.4	Multiple-dose CSPs are labeled to indicate the beyond use date of the CSP once it is opened or punctured. ***Inspector note: Labeling on the CSP should indicate that once the CSP container is entered or punctured, it must not be used for longer than the assigned BUD or 28 days (if supported by antimicrobial effectiveness testing results), whichever is shorter.*** ***Inspector should review the CR or final compounded preparation to verify the label contains this information.***	N/A		14.5
76.5	Container-closure systems used are evaluated for maintaining integrity (USP <1207>) for each formulation and fill volume. ***Inspector note: Per USP <797>, the container closure integrity test needs to be conducted only once on each formulation and on fill volume in the particular container closure system in which the multiple-dose CSP will be packaged.***	N/A		14.5 USP <1207>

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		Observation	Inspector Notes	USP Reference(s)
	Finished Preparation Release Checks and Tests			12
77.0	Are all CSPs visually inspected for quality prior to release or dispensing in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		12.1
77.1	The CSP label is visually inspected to confirm that the CSP and its labeling match the prescription or medication order.	Yes		12.1
77.2	CSPs are visually inspected for quality characteristics such as discoloration, visible particulates, or cloudiness.	Yes		12.1
77.3	CSPs are visually inspected to verify container closure integrity (eg, checking for leakage, cracks in the container, or improper seals).	Yes		12.1
77.4	A visual inspection is also repeated prior to release or dispense for CSPs that have been stored in the pharmacy and not released or dispensed on the day of preparation.	Yes		12.1

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77.5	Any CSPs found to be of unacceptable quality (eg, observed defects) are promptly rejected, clearly labeled as rejected, and segregated from active stock to prevent use before appropriate disposal.	Yes		12.1
78.0	For any CSPs assigned beyond use dates that require sterility testing, does the pharmacy ensure that all testing is performed, evaluated, and documented in accordance with USP <71> or a validated alternative method that is noninferior to USP <71> testing and USP <797> standards? ***Inspector note: Alternative testing methods may not be accepted in all regulatory jurisdictions that the pharmacy conducts business.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare any CSPs that require sterility testing, inspector should mark as N/A.***	N/A		12.2

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		Observation	Inspector Notes	USP Reference(s)
78.1	The required number of sterile compounded preparation units, as described in USP <71> and USP <797>, are tested. ***Inspector note: Per USP <71> Table 3, the minimum number of items to be tested for each medium is:*** ***Parenterals*** ***Not more than 100 containers = 10% or four containers, whichever is greater*** ***More than 100, but not more than 250 containers = 10 containers*** ***Large volume parenterals*** ***2% or 10 containers, whichever is less*** ***Non-parenterals (eye drops, inhalation, pellets, etc.)*** ***Not more than 200 containers = 5% or two containers, whichever is greater*** ***More than 200, but not more than 250 containers = 10 containers*** ***Per USP <797>, if the number of CSPs compounded in a single batch is less than what is needed for testing as specified in USP <71> Table 3, additional units must be compounded to be able to perform testing as follows:*** ****If 1-39 CSPs are compounded in a single batch, the sterility testing must be performed on a number of units equal to 10% of the number of CSPs prepared, rounded up to the next whole number.*** ****If more than 40 CSPs are prepared in a single batch, the sample sizes specified in USP <71> Table 3 must be used.***	N/A		12.2, 14.2.3 USP <71>
78.2	Batch sizes of sterile CSPs do not exceed 250. ***Inspector Note: Per USP <797>, the maximum batch size for all sterile compounded preparation requiring sterility testing is limited to 250 final yield units.***	N/A		12.2, 14.2.3

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection for USP <797>

Facility Name: Pharmacy Consultants LLC dba Omnicare of Spartanburg
e-Profile ID: 807689
Inspection Date: 10/24/2024

		Observation	Inspector Notes	USP Reference(s)
78.3	Pharmacy is utilizing an alternative method for sterility assurance testing (other than USP <71>). ***Inspector note: Per USP, "If an alternative method is used for sterility testing, the method must be validated (see USP <1223>) and demonstrated to be suitable for that CSP formulation."*** ***If an alternative method is used, describe the method used and how the pharmacy ensures they are compliant with state-specific regulations.***	N/A		12.2 USP <71>, <1223>
78.4	When sterility testing identifies a failure, the pharmacy has processes to investigate and identify any contributing factors. ***Inspector note: Per USP, "Sterility tests resulting in failures must prompt an investigation into the possible causes and must include identification of the microorganism, as well as an evaluation of the sterility testing procedure, compounding facility, process, and/or personnel that may have contributed to the failure. The source(s) of the contamination, if identified, must be corrected, and the facility must determine whether the conditions causing the sterility failure affect other CSPs. The investigation and resulting corrective actions must be documented." Additionally, some rapid sterility test methods do not allow for the identification of the recovered microorganisms. If one of these methods is used, the pharmacy is not in compliance with the chapter, as the investigation must include identification of the recovered microorganism.***	N/A		12.2

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e-Profile ID: 807689
Inspection Date: 10/24/2024

		Observation	Inspector Notes	USP Reference(s)
79.0	For any CSPs assigned BUDs that require **bacterial endotoxin testing**, does the pharmacy ensure that all testing is performed and documented in compliance with USP <85> and USP <797> standards? ***Inspector note: Endotoxin limits reflect limits in an official monograph, or calculated as described in USP Chapter <85> for the route of administration for humans, and for animals based on weight. Although USP <797> refers to USP <85> Bacterial Endotoxins Test for calculating endotoxin limits for the appropriate route of administration, it does not address products administered epidurally or administered directly into the central nervous system. CSPs administered epidurally should have the same endotoxin limit as that of intrathecally administered CSPs.*** ***If no, go to compliance statements.*** ***If the pharmacy does not prepare CSPs that require bacterial endotoxin testing, inspector should answer question as N/A.***	N/A		12.3 USP <85>
79.1	The pharmacy has an appropriate procedure for calculating/determining endotoxin limits. ***Per USP, there are endotoxin limits listed in USP product and compounded preparation monographs. The laboratory may be performing the calculation rather than the pharmacy; however, if done in house, this should be included in the pharmacy SOPs.*** ***If the dosage form does not require, inspector should answer statement as N/A.***	N/A		12.3
79.2	The pharmacy collects patient weight to make bacterial endotoxin calculation for an animal patient. ***If the dosage form does not require or the pharmacy does not compound sterile preparations for animals, inspector should answer statement as N/A.***	N/A		12.3

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		Observation	Inspector Notes	USP Reference(s)
79.3	Bacterial endotoxins testing (USP <85>) is performed on all **injectable Category 2 CSPs** compounded from one or more nonsterile components that are assigned a BUD requiring sterility testing per Table 13. ***Inspector note: USP <797> recommends that all injectable Category 2 CSPs made from one or more nonsterile components is also endotoxin tested.***	N/A		12.3 Table 13 USP <85>
79.4	Bacterial endotoxins testing (USP <85>) is performed on all **injectable Category 3 CSPs** compounded from one or more nonsterile components.	N/A		12.3 Table 13 USP <85>
79.5	Any CSPs with failed endotoxin testing are quarantined, not further released, and action is taken for any product released prior to receipt of failed test results. ***View testing records and note any products with failed results and actions taken.***	N/A		12.2, 12.3
	CSP Packaging, Shipping and Transport			19
80.0	Are processes and techniques for packaging and transporting CSPs in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		19.1, 19.2, 19.3
80.1	The pharmacy uses the appropriate shipping containers and packaging materials (eg, coolers and light-resistant packaging) based on the product specifications.	Yes		19.2

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		Observation	Inspector Notes	USP Reference(s)
80.2	CSPs are appropriately packaged to protect against damage, leakage, contamination, degradation, and adsorption during storage and transport. ***Inspector should look at packaging materials used to ensure cushioning to prevent breakage of glass vials and ensure that container is generally clean without non-microbial growth that would come in direct contact with CSPs.***	Yes		19.2
80.3	Specific handling instructions when applicable, are included on the exterior of the container.	Yes		19.3
80.4	The pharmacy selects transport modes that ensure CSPs are delivered properly in undamaged, sterile, and stable conditions (eg, no undue exposure to heat, cold, or light). ***Inspector note: Transport modes include pneumatic tube transport systems and should not be used if the CSP is sensitive to shaking.***	Yes		19.3
	Quality Assurance and Quality Control			18
81.0	**Quality Assurance and Quality Control (QA/QC):** Does the pharmacy's SOP on quality assurance and quality control meet the requirements in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		18 USP <1163>
81.1	Description of procedures for complaint handling, adverse events, and recalls that include corrective action, investigation, reporting, and documentation requirements.	Yes		18.1, 18.2

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		Observation	Inspector Notes	USP Reference(s)
81.2	**QA/QC Out-Of-Specification (OOS) SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to determine the severity of the problem and the urgency for implementation and completion of the recall.	Yes		18.1
81.3	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to determine the distribution of any affected CSP, including the date and quantity of distribution.	Yes		18.1
81.4	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to identify patients who have received the CSP.	Yes		18.1
81.5	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process for the disposal and documentation of the recalled CSP.	Yes		18.1
81.6	**QA/QC OOS SOPs:** The pharmacy's procedures for recall of out-of-specification dispensed CSPs includes a process to investigate and document the reason for failure.	Yes		18.1
82.0	Does the pharmacy ensure that QA and QC programs are conducted in compliance with USP <797> standards? ***If no, go to compliance statements.***	Yes		18, 20

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		Observation	Inspector Notes	USP Reference(s)
82.1	The pharmacy has a formal QA/QC program with documented activities. ***Inspector note: Per USP, "Designated person(s) must ensure that the facility has formal, written QA and QC programs that establish a system of: adherence to procedures; prevention and detection of errors and other quality problems; evaluation of complaints and adverse events; and appropriate investigations and corrective actions."***	Yes		18
82.2	The pharmacy's QA/QC program is reviewed at least once every 12 months by the designated person(s) and the results of the review are documented.	Yes		18
82.3	The designated person(s) reviews all complaints to determine whether the complaint indicates a potential quality problem with the CSP.	Yes		18.2, 20
82.4	All complaints and adverse events are thoroughly investigated. ***Inspector note: Per USP <797>, the timeframe is specified in the facility SOP. Additionally, USP states, "The investigation must consider whether the quality problem extends to other CSPs."*** ***If facility SOP permits a long investigation period, include in the inspector notes the SOP's expected time frame to complete an investigation. State may have a more aggressive time frame to complete an investigation and report quality events to the state.***	Yes		18.2, 18.3, 20

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		Observation	Inspector Notes	USP Reference(s)
82.5	The record of each complaint is maintained by the pharmacy regardless of the source of the complaint (eg, email, telephone, or mail) and includes the minimum required information. ***Inspector note: Per USP <797>, the complaint record must contain the following information:*** ***-Name of the complainant or other unique identifier;*** ***-Date the complaint was received;*** ***-Nature of the complaint;*** ***-The response to the complaint; and*** ***-Results of any investigation and any follow-up.*** ***In addition, to the extent that the information is known, the following should be recorded:*** ***-The name and strength of the CSP and the assigned internal identification number (eg, prescription, order, or lot number).*** ***If no, inspector should document what is missing in the notes column.***	Yes		18.2, 20
82.6	The pharmacy's QA/QC program includes documentation of steps necessary for completing a recall, including reporting the recall to appropriate regulatory agencies. ***Inspector note: Per USP, "The recall must be reported to appropriate regulatory bodies as required by laws and regulations of the applicable regulatory jurisdiction."***	Yes		18.1, 18.2

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		Observation	Inspector Notes	USP Reference(s)
83.0	If a CSP is dispensed or administered **before the results of release testing are known**, does the pharmacy ensure procedures for recalls and out-of-specification notifications are conducted and documented in compliance with USP <797> standards? ***Inspector note: Per USP <797>, if a CSP is dispensed or administered before the results of release testing are known, the facility must have procedures in place to notify, recall, and investigate.*** ***If no, go to the compliance statements.***	Yes		18.1, 20
83.1	The pharmacy has a process in place to immediately notify the prescriber of a failure of specifications with the potential to cause patient harm (eg, sterility, strength, purity, bacterial endotoxin, or other quality attributes).	Yes		18.1
83.2	The pharmacy has a process in place to recall any unused dispensed CSPs and quarantine any stock remaining in the pharmacy.	Yes		18.1
83.3	The pharmacy has a process in place to investigate if other lots are affected and recall if necessary.	Yes		18.1

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		Observation	Inspector Notes	USP Reference(s)
	Personnel Training and Evaluation - Verify records of all compounding personnel (up to 10). Use the records tab to document records reviewed.			2
84.0	Is the pharmacy's documented hand hygiene and garbing competency evaluations compliant with USP <797> standards? ***Inspector note: Only "No" or "Missing" documents would cause this question to be answered no.*** ***If no, refer to the records review worksheet for details.***	Yes		2.2, 20 Box 1, Table 1
85.0	Is the pharmacy's documented aseptic manipulation competency evaluation compliant with USP <797> standards? ***Inspector note: Only "No" or "Missing" documents would cause this question to be answered no.*** ***If no, refer to the records review worksheet for details.***	Yes		2.3, 20 Box 2, Table 1
86.0	Is the pharmacy's documented training program and ongoing competency evaluation compliant with USP <797> standards? ***Inspector note: Only "No" or "Missing" documents would cause this question to be answered no.*** ***If no, refer to the records review worksheet for details.***	Yes	Training Learning Hub, infusion compounding	2, 2.1, 17 Table 2, Table 3

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Sterile Compounding Personnel Records Review

Select personnel with compounding responsibilities for your records review; preferably select staff performing compounding duties at time of inspection or staff identified during CR review.
- Recommend also pulling supervising personnel file.
- Inspector can consider pulling non-compounder employee file ("Other") who cleans and stocks compounding area but who does not compound (Note: frequency of competency assessment will be defined by pharmacy SOPs).

Review five (5) personnel files and document your observations. (For applicants seeking a Class E-S Non-Resident Sterile Compounding Inspection (Texas Sampling), review a total of 10 personnel records.)
- *Note: long-term employees may not have initial training available, if this is the case, you may select an alternative file. If an alternate file is not available, document length of service of long-term employee.

Inspector Note: soybean casein digest medium and trypticase soy broth are the same media.

Inspector Instructions

1. Use the drop-down list and make the appropriate selection for the Employee Title, Personnel Function, and CSP Category Type for the files reviewed. *Do not record the employee name, only the title or position.
2. Review the selected files to verify that the required training and competency records are present in the personnel file and comply with USP <797> standards for training and demonstrated competency.
3. Select the appropriate response for each item reviewed.
-Select "Yes" if the document is present in the records and the competency evaluation was conducted in compliance USP <797> standards.
-Select "No" if the document is present but is not compliant with USP <797> standards (eg, incorrect frequency of test, GFT and surface sample was not conducted after media-fill, failed tests did not include a corrective action, etc). Document the area(s) of non-compliance in the notes column.
-Select "Missing" if the document is not present in the file.
-Select "N/A" if the training does not apply, eg, long-term employees may not have initial training available. Document further in the notes column.
4. Use the notes column to document any pertinent information.

Demonstrating Knowledge and Competency of Core Skills (Section 2.1)

USP requirements:
1. Personnel who perform or oversee compounding *or support activities* must be trained in the SOPs and trained on maintaining the quality of the environment (See Table 2).
2. Compounding personnel and supervising personnel must complete training needed to demonstrate knowledge of principles and competency of skills for performing sterile manipulations and achieving and maintaining appropriate environmental conditions (See Table 2 and Table 3). This must be completed initially and every 12 months in at least the following areas:
-Hand hygiene
-Garbing
-Cleaning and disinfection
-Calculations, measuring, and mixing
-Aseptic technique
-Achieving and/or maintaining sterility (and apyrogenicity if compounding with nonsterile components)
-Use of equipment
-Documentation of the compounding process (eg, master formulation and compounding records)
-Principles of high-efficiency particulate air (HEPA)-filtered unidirectional airflow within the ISO Class 5 area
-Proper use of PECs
-Principles of movement of materials and personnel within the compounding area
3. Personnel who only perform restocking or cleaning and disinfecting duties outside of the primary engineering control (PEC) must complete ongoing training as required by the facility's SOPs (See Table 3).
4. Personnel compounding only immediate-use CSPs must complete training as required by the facility's SOPs (See Table 3).
5. All training and evaluations must be documented.

Employee Record #	Employee Title	Personnel Function	CSP Category Type	Compounding SOPs	*Initial Training and Competency in Maintaining the Quality of the Environment	*Initial Training and Competency in Sterile Compounding Principles and Practices	Ongoing Training and Competency in Sterile Compounding Principles and Practices	Notes
				Compounders and Supervising Personnel: Initially and at least every 12 months Other Personnel (examples: persons who do not compound but clean/disinfect and restock or who perform in-process checks; persons who only compound immediate use): Initially and as defined by pharmacy SOPs				
#1	Pharmacist	Compounder	Category 1&2 only	Yes	Yes	Yes	Yes	

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#2	Pharmacy Technician	Designated Person	Category 1&2 only	Yes	Yes	Yes	Yes	
#3	Pharmacy Technician	Supervising/Direct Oversight	Category 1&2 only	Yes	Yes	Yes	Yes	
#4	Pharmacy Technician	Compounder	Category 1&2 only	Yes	Yes	Yes	Yes	
#5	Pharmacy Technician	Compounder	Category 1&2 only	Yes	Yes	Yes	Yes	
#6								
#7								
#8								
#9								
#10								

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Inspector Instructions	Hand Hygiene and Garbing Competency Evaluation (Section 2.2)
1. Use the drop-down list and make the appropriate selection for the Employee Title, Personnel Function, and CSP Category Type for the files reviewed. *Do not record the employee name, only the title or position. 2. Review the selected files to verify that the required training and competency records are present in the personnel file and comply with USP <797> standards for training and demonstrated competency. 3. Select the appropriate response for each item reviewed. -Select "Yes" if the document is present in the records and the competency evaluation was conducted in compliance USP <797> standards. -Select "No" if the document is present but is not compliant with USP <797> standards (eg, incorrect frequency of test, GFT and surface sample was not conducted after media-fill, failed tests did not include a corrective action, etc). Document the area(s) of non-compliance in the notes column. -Select "Missing" if the document is not present in the file. -Select "N/A" if the training does not apply, eg, long-term employees may not have initial training available. Document further in the notes column. 4. Use the notes column to document any pertinent information.	USP requirements: 1. The garbing and hand hygiene competency evaluation consists of a visual observation and gloved fingertip and thumb sampling (GFT) of both hands. 2. The initial competency evaluation consists of three (3) separate and complete hand hygiene observation, followed by a full garbing procedure and a GFT after garbing. The initial three (3) successful completions must be in succession—failure of any of the three (3) initial garbing competency evaluations requires repeat testing until personnel successfully complete three (3) evaluations in a row. 3. The pharmacy uses a microbiological growth media device (eg, plates, paddles, or slides) containing general microbial growth agar (eg, trypticase soy agar [TSA]) supplemented with neutralizing additives (eg, lecithin and polysorbate 80) that supports both bacterial and fungal growth. 4. The media device is incubated at 30°C-35°C for no less than 48h and then at 20°C-25°C for no less than an additional five days. 5. Failure is indicated by visual observation of improper hand hygiene and garbing procedures and/or GFT results that exceed the defined action levels. Action level after garbing: >0 cfu/total from both hands. 6. Documentation includes, at minimum: -Name of the person evaluated -Evaluation date and time -Media and components used including manufacturer, expiration date, and lot number -Starting temperature for each interval of incubation -Dates of incubation -Results (the number of cfu per hand must be recorded; microbial identification of the cfu is not required by the chapter for GFT) -Results of the evaluation and any corrective actions -Name of the observer and personnel reading and documenting the results

Employee Record #	Employee Title	Personnel Function	CSP Category Type	Hand Hygiene and Garbing Visual Observation	Initial GFT x 3 (Post hand washing and garbing)	Subsequent GFT (Post handwashing and garbing)	Documented Failures and Retraining Needs (If none, please mark as N/A)	Notes
				Category 1 and 2 compounders: Initially and at least every 6 months Category 3 compounders: Initially at least every 3 months Supervising Personnel: Initially and at least every 12 months				
#1	Pharmacist	Compounder	Category 1&2 only	Yes	Yes	Yes	N/A	
#2	Pharmacist	Compounder	Category 1&2 only	Yes	Yes	Yes	N/A	
#3	Pharmacy Technician	Designated Person	Category 1&2 only	Yes	Yes	Yes	N/A	
#4	Pharmacy Technician	Supervising/Direct Oversight	Category 1&2 only	Yes	Yes	Yes	N/A	
#5	Pharmacy Technician	Compounder	Category 1&2 only	Yes	Yes	Yes	N/A	
#6								

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#7								
#8								
#9								
#10								

Inspector Instructions

1. Use the drop-down list and make the appropriate selection for the Employee Title, Personnel Function, and CSP Category Type for the files reviewed. *Do not record the employee name, only the title or position.
2. Review the selected files to verify that the required training and competency records are present in the personnel file and comply with USP <797> standards for training and demonstrated competency.
3. Select the appropriate response for each item reviewed.
-Select "Yes" if the document is present in the records and the competency evaluation was conducted in compliance USP <797> standards.
-Select "No" if the document is present but is not compliant with USP <797> standards (eg, incorrect frequency of test, GFT and surface sample was not conducted after media-fill, failed tests did not include a corrective action, etc). Document the area(s) of non-compliance in the notes column.
-Select "Missing" if the document is not present in the file.
-Select "N/A" if the training does not apply, eg, long-term employees may not have initial training available. Document further in the notes column.
4. Use the notes column to document any pertinent information.
5. Document in notes if initial aseptic manipulation competencies are present in files (*unless long-term employee).

Aseptic Manipulation Competency (Section 2.3)

USP requirements:
1. Media-fill testing procedures simulate the most difficult compounding procedures encountered by personnel.
2. The pharmacy conducts media-fill testing as described in Box 2.
3. The final containers are incubated at 20°C-25°C and 30°C-35°C for a minimum of seven days at each temperature band.
4. Failure is indicated by visible turbidity or other visual manifestations of growth in the media in one or more container closure unit(s) on or before 14 days.
5. Immediately following the media-fill test, GFT is performed on both hands and inside of an ISO Class 5 PEC. Failure is indicated by visual observation of GFT results that exceed defined action levels. Action level after media-fill testing: >3 cfu/total from both hands.
6. Immediately following the GFT, a surface sample of the direct compounding area inside the PEC is performed in accordance with USP standards for surface sample monitoring and action levels. Action level ISO Class 5: >3 cfu/media device.
7. Failure in the media fill, GFT, or surface sampling constitutes an overall failure of the aseptic manipulation competency.
8. Documentation includes, at minimum:
-Name of the person evaluated
-Evaluation date and time
-Media and components used including manufacturer, expiration date, and lot number
-Starting temperature for each interval of incubation
-Dates of incubation
-Results (for GFT, the number of cfu per hand must be recorded and for surface samples, the number of cfu per sample must be recorded. Note: microbial identification of the cfu is not required for media-fill testing)
-Results of the evaluation and any corrective actions
-Name of the observer and personnel reading and documenting the results

Category 1 and 2 compounders: initially and at least every 6 months
Category 3 compounders: initially and at least every 3 months
Supervising Personnel: initially and at least every 12 months

Employee Record #	Employee Title	Personnel Function	CSP Category Type	Aseptic Manipulation Visual Observation	Media-fill	GFT (post media-fill)	Surface Sampling (post media-fill)	Documented Failures and Retraining Needs (if none, please mark as N/A)	Notes
#1	Pharmacist	Supervising/Direct Oversight	Category 1&2 only	Yes	Yes	Yes	Yes	N/A	
#2	Pharmacy Technician	Designated Person	Category 1&2 only	Yes	Yes	Yes	Yes	N/A	
#3	Pharmacy Technician	Compounder	Category 1&2 only	Yes	Yes	Yes	Yes	N/A	
#4	Pharmacy Technician	Compounder	Category 1&2 only	Yes	Yes	Yes	Yes	N/A	
#5	Pharmacy Technician	Compounder	Category 1&2 only	Yes	Yes	Yes	Yes	N/A	

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GLOSSARY USP <797>
ACD: Automated compounding device.
ACPH: Air changes per hour.
Active pharmaceutical ingredient (API): Any substance or mixture of substances intended to be used in the compounding of a preparation, thereby becoming the active ingredient in that preparation and furnishing pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans and animals or affecting the structure and function of the body. Also referred to as *Bulk drug substance*. A conventionally manufactured drug product is not an API but is typically manufactured from an API(s).
Added substance: An ingredient that is necessary to compound a preparation but is not intended or expected to cause a pharmacologic response if administered alone in the amount or concentration contained in a single dose of the compounded preparation. The term is used synonymously with the terms *inactive ingredient, excipient, and pharmaceutical ingredient.*
Administration: The direct application of a sterile product or preparation to a single patient by injecting, infusing, or otherwise providing a sterile product or preparation in its final form.
Airlock: A space with interlocked doors, constructed to maintain air pressure control when items move between two adjoining areas (generally with different air cleanliness standards). The intent of an airlock is to prevent ingress of particulate matter and microbial contamination from a lesser-controlled area.
Alcohol-based hand rub: An alcohol-containing preparation (liquid, gel, or foam) designed for application to the hands of health care personnel to inactivate microorganisms and/or temporarily suppress their growth. Such preparations may contain one or more types of alcohol, other active ingredients, excipients, and humectants.
Allergenic extract compounding area (AECA): A designated space, area, or room that is not required to be classified, with a visible perimeter that is suitable for preparation of allergenic extract prescription sets.
Allergenic extract prescription set: Combinations of licensed allergenic extracts that would be mixed and diluted to provide subcutaneous immunotherapy to an individual patient, even though these allergenic extract combinations are not specified in the approved BLAs for the licensed biological products.
Allergenic extract: A biological substance used for the diagnosis and/or treatment of allergic diseases such as allergic rhinitis, allergic sinusitis, allergic conjunctivitis, bee venom allergy, and food allergy.
Anteroom: An ISO Class 8 or cleaner room with fixed walls and doors where personnel hand hygiene, garbing procedures, and other activities that generate high particulate levels may be performed. The anteroom is the transition room between the unclassified area of the facility and the buffer room.
Aseptic processing: A method by which separate, sterile components (eg, drugs, containers, or closures) are brought together under conditions that maintain their sterility. The components can either be purchased as sterile or, when starting with nonsterile components, can be separately sterilized prior to combining (eg, by membrane filtration or by autoclave).
Aseptic technique: A set of methods used to keep objects and areas free of microorganisms and thereby minimize infection risk to the patient. It is accomplished through practices that maintain the microbe count at an irreducible minimum.

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GLOSSARY USP <797>
Assigned trainer: One or more individuals assigned by the designated person(s) to be responsible and accountable for directly providing the training, observation, and/or evaluation of personnel for the preparation of CSPs.
Batch: More than one CSP prepared as described in the MFR in a single, discrete process, and expected to have uniform character and quality, within specified limits.
Beyond-use date (BUD): The date, or the hour and date, after which a CSP must not be used, stored, or transported. The date is determined from the date and time the preparation is compounded.
Biological safety cabinet (BSC), Class II: A ventilated cabinet with an open front and inward and downward unidirectional HEPA-filtered airflow and HEPA-filtered exhaust. A BSC used to prepare a CSP must be capable of providing an ISO Class 5 or better environment for preparation of the CSPs.
Biological safety cabinet (BSC): A ventilated cabinet that may be used for compounding. These cabinets are divided into three general classes (Class I, Class II, and Class III). Class II BSCs are further divided into types (Type A1, Type A2, Type B1, Type B2, and Type C1).
BLA: Biological license application.
Blood components: Any therapeutic constituent of blood separated by physical or mechanical means (eg, white cells, red cells, platelets, plasma, serum). It is not intended to include plasma-derived products (eg, albumin, coagulation factors, immunoglobulins) manufactured under an approved BLA or equivalent.
BMBL: Biosafety in Microbiological and Biomedical Laboratories.
Buffer room: An ISO Class 7 or cleaner room with fixed walls and doors where PEC(s) that generate and maintain an ISO Class 5 environment are physically located. The buffer room may only be accessed through the anteroom or another buffer room.
Bulk drug substance: See the entry for *Active pharmaceutical ingredient.*
Category 1 CSP: A CSP that is assigned a BUD of 12 hours or less at controlled room temperature or 24 hours or less refrigerated that is compounded in accordance with all applicable requirements for Category 1 CSPs in this chapter.
Category 2 CSP: A CSP that may be assigned a BUD of greater than 12 hours at controlled room temperature or greater than 24 hours refrigerated that is compounded in accordance with all applicable requirements for Category 2 CSPs in this chapter.
Category 3 CSP: A CSP that may be assigned a BUD exceeding the limits in *Table 13* for Category 2 CSPs and is compounded in accordance with all applicable requirements for Category 3 CSPs in this chapter.
CDC: Centers for Disease Control and Prevention.

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Certificate of analysis (COA): A report from the supplier of a component, container, or closure that accompanies the supplier's material and contains the specifications and results of all analyses and a description of the material.
CFU: Colony-forming units.
Classified area: An area that maintains an air quality classification based on the ISO standards required in this chapter (see also the definition for *ISO class*).
Cleaning agent: An agent, usually containing a surfactant, used for the removal of substances (eg, dirt, debris, microbes, and residual drugs or chemicals) from surfaces.
Cleaning: The process of removing substances (eg, organic and inorganic material) from objects and surfaces, normally accomplished by manually or mechanically using water with detergents or enzymatic products.
Cleanroom suite: A classified area that consists of both an anteroom and buffer room.
Component: Any ingredient used in the compounding of a preparation, including any active ingredient, added substance, or conventionally manufactured product.
Compounded sterile preparation (CSP): A preparation intended to be sterile that is created by combining, admixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug product or bulk drug substance.
Compounded stock solution: A sterile mixture of components that is used to compound additional CSPs.
Compounding area: The area where compounding is occurring (ie, a cleanroom suite, inside the perimeter of the SCA, or AECA).
Compounding aseptic containment isolator (CACI): A type of RABS that uses HEPA filtration to provide an ISO Class 5 unidirectional air environment designed for the compounding of sterile HDs.
Compounding aseptic isolator (CAI): A type of RABS that uses HEPA filtration to provide an ISO Class 5 unidirectional air environment designed for compounding of sterile non-HDs.
Compounding record (CR): Documents the compounding of each CSP.
Compounding: The process of combining, admixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug product or bulk drug substance to create a sterile preparation.
Container closure system: Packaging components that together contain and protect the dosage form. This includes primary packaging components and secondary packaging components, if the latter are intended to provide additional protection.
Containment glove bag: A single-use disposable glove bag that is capable of containing airborne chemical particles.

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GLOSSARY USP<797>
Containment ventilated enclosure (CVE): A non-ISO classified full or partial enclosure that uses ventilation principles to capture, contain, and remove airborne contaminants through HEPA filtration and prevent their release into the work environment.
Conventionally manufactured product: A pharmaceutical dosage form, usually the subject of an application approved by the applicable national regulatory agency, that is manufactured under current good manufacturing practice conditions.
Critical site: A location that includes any component or fluid pathway surfaces (eg, vial septa, injection ports, and beakers) or openings (eg, opened ampules and needle hubs) that are exposed and at risk of direct contact with air (eg, ambient room or HEPA filtered), moisture (eg, oral and mucosal secretions), or touch contamination.
Designated person(s): One or more individuals assigned to be responsible and accountable for the performance and operation of the facility and personnel as related to the preparation of CSPs.
Direct compounding area (DCA): A critical area within the ISO Class 5 PEC where critical sites are exposed to unidirectional HEPA-filtered air, also known as first air.
Disinfectant: A chemical or physical agent used on inanimate surfaces and objects to destroy fungi, viruses, and bacteria. Sporicidal disinfectants are considered a special class of disinfectants that also are effective against bacterial and fungal spores.
Dynamic airflow smoke pattern test: A PEC test in which a visible source of smoke, which is neutrally buoyant, is used to observe air patterns within the unidirectional space (i.e., the DCA) under dynamic operating conditions (see the entry for *Dynamic operating conditions).* This test is not appropriate for ISO Class 7 or ISO Class 8 cleanrooms that do not have unidirectional airflow (see the entry for *Visual smoke study).*
Dynamic operating conditions: Conditions in the compounding area in which operating personnel are present and simulating or performing compounding. The conditions should reflect the largest number of personnel and highest complexity of compounding expected during routine operations as determined by the designated person(s).
ECV: Endotoxin challenge vial.
EPA: US Environmental Protection Agency.
Excipient: See the entry for *Added substance.*
FDA: US Food and Drug Administration.
Filter integrity test: A test (eg, bubble point test) of the integrity of a sterilizing-grade filter performed after the filtration process to detect whether the integrity of the filter has been compromised.
Final yield: The total number of containers prepared at the end of the compounding process prior to release testing.
First air: The air exiting the HEPA filter in a unidirectional air stream.

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GLOSSARY USP <797>
Formulation: The specific qualitative and quantitative composition of the final CSP.
Garb: Items such as gloves, garments (eg, gowns), shoe covers, head and facial hair covers, masks, and other items designed to reduce particle shedding from personnel and minimize the risk of contamination of CSP(s).
GFT: Gloved fingertip and thumb testing.
Hazardous drug (HD): Any drug identified by at least one of the following six criteria: carcinogenicity, teratogenicity or developmental toxicity, reproductive toxicity in humans, organ toxicity at low dose in humans or animals, genotoxicity, or new drugs that mimic existing HDs in structure or toxicity.
High-efficiency particulate air (HEPA) filtration: Being, using, or containing a filter designed to remove 99.97% of airborne particles measuring 0.3-micron or greater in diameter passing through it.
HVAC: Heating, ventilation, and air conditioning.
Integrated vertical laminar flow zone (IVLFZ): A designated ISO Class 5 area serving as the PEC within an ISO Class 7 or cleaner buffer room. In the IVLFZ, unidirectional airflow is created by placing HEPA filters over the entire surface of the worktables and by effective placement of air returns.
IPA: Isopropyl alcohol.
ISO class: An air-quality classification from the International Organization for Standardization.
ISO: International Organization for Standardization.
Label: The part of the labeling on the immediate container.
Labeling: All labels and other written, printed, or graphic matter on the immediate container or on or inside any packaging system or wrapper in which the article is enclosed, except any outer shipping container.
Laminar airflow system (LAFS): A device or zone within a buffer room that provides an ISO Class 5 or better air quality environment for sterile compounding. The system provides a unidirectional HEPA-filtered airflow.
Laminar airflow workbench (LAFW): A device that is a type of LAFS that provides an ISO Class 5 or better air quality environment for sterile compounding. The device provides a unidirectional HEPA-filtered airflow.
Line of demarcation: A visible line on the floor that separates the clean and dirty sides of the anteroom.

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Low-lint wiper: A wiper exhibiting few, if any, fibers or other contamination, visible without magnification, which is separate from or easily removed from the wiper material in a dry condition.
Master formulation record (MFR): A detailed record of procedures that describes how the CSP is to be prepared.
MEA: Malt extract agar.
Media-fill test: A simulation used to qualify processes and personnel engaged in sterile compounding to ensure that the processes and personnel are able to prepare CSPs without contamination.
Monograph: A quality documentary standard within *USP–NF* that articulates the quality expectations for a medicine including for its identity, strength, purity, and performance. It also describes the tests to validate that a medicine and its ingredients meet these criteria.
Multiple-dose container: A container of sterile product for parenteral administration (eg, injection or infusion) that is designed to contain more than one dose of the sterile product. A multiple-dose container is usually required to meet the antimicrobial effectiveness testing criteria. See <659>Injection Packaging Systems, Multiple-dose container.
One-step disinfectant cleaner: A product with an EPA-registered (or equivalent) claim that it can clean and disinfect a nonporous surface in the presence of light to moderate organic soiling without a separate cleaning step.
Oversight: The review, monitoring, and supervision of actions taken by personnel, bearing responsibility for those actions, and being available for consultation if and when needed, even if not physically present.
Pass-through chamber: An enclosure with sealed doors on both sides that should be interlocked. The pass-through chamber is positioned between two spaces for the purpose of minimizing particulate transfer while moving materials from one space to another.
Perimeter: A visible demarcation (such as a door, walls, or visible marking on the floor) that defines the SCA or AECA.
Pharmaceutical isolator: An enclosure that provides HEPA-filtered ISO Class 5 unidirectional air operated at a continuously higher pressure than its surrounding environment and is decontaminated using an automated system. It uses only decontaminated interfaces or rapid transfer ports for materials transfer. [Note—A CAI or CACI is not a pharmaceutical isolator.]
Pharmacy bulk package: A conventionally manufactured sterile product for parenteral use that contains many single doses intended for use in a pharmacy admixture program. A pharmacy bulk package may either be used to prepare admixtures for infusion or, through a sterile transfer device, for filling sterile containers. See <659>*Injection Packaging Systems, Pharmacy bulk package*.
Positive-pressure room: A room that is maintained at higher pressure than the adjacent spaces, and therefore the net airflow is out of the room.

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GLOSSARY USP <797>
PPE: Personal protective equipment.
Preservative: A substance added to inhibit microbial growth.
Primary engineering control (PEC): A device or zone that provides an ISO Class 5 air quality environment for sterile compounding.
Probability of a nonsterile unit (PNSU): The probability of an item being nonsterile after it has been exposed to a verified sterilization process. A PNSU value can only be applied to terminal sterilization. [Note—This is also called the sterility assurance level (SAL).]
Pyrogen: A substance that induces a febrile reaction in a patient.
Quality assurance (QA): A system of procedures, activities, and oversight that ensures that the compounding process consistently meets quality standards.
Quality control (QC): The sampling, testing, and documentation of results that, taken together, ensure that specifications have been met before release of the CSP.
Reconstitution: The process of adding a diluent to a conventionally manufactured product to prepare a sterile solution or suspension.
Release inspection and testing: Visual inspection and testing performed to ensure that a preparation meets appropriate quality characteristics.
Repackaging: The act of removing a sterile product or preparation from its original primary container and placing it into another primary container, usually of smaller size without further manipulation.
Restricted-access barrier system (RABS): An enclosure that provides HEPA-filtered ISO Class 5 unidirectional air that allows for the ingress and/or egress of materials through defined openings that have been designed and validated to preclude the transfer of contamination, and that, generally are not to be opened during operations. Examples of RABS include CAIs and CACIs.
SDA: Sabouraud dextrose agar.
Secondary engineering control (SEC): The area where the PEC is placed (eg, a cleanroom suite or an SCA). It incorporates specific design and operational parameters required to minimize the risk of contamination within the compounding area.
Segregated compounding area (SCA): A designated space, area, or room that is not required to be classified and is defined with a visible perimeter. The SCA must contain a PEC and is suitable for preparation of Category 1 CSPs only.
Single-dose containers: A container of sterile product for parenteral administration (eg, injection or infusion) that is designed for use with a single patient as a single injection/infusion. A single-dose container usually does not contain a preservative. See <659> Injection Packaging Systems, Single-dose container.

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GLOSSARY USP <797>
SOP: Standard operating procedure.
Specification: The tests, analytical methods, and acceptance criteria to which any component, CSP, container closure system, equipment, or other material used in compounding CSPs must conform to be considered acceptable for its intended use.
Sporicidal disinfectant: A chemical or physical agent that destroys bacterial and fungal spores when used in sufficient concentration for a specified contact time. It is expected to kill all vegetative microorganisms.
Stability: The extent to which a product or preparation retains physical and chemical properties and characteristics within specified limits throughout its expiration or BUD.
Sterility assurance level (SAL): See the entry for *Probability of a nonsterile unit* (PNSU).
Sterility: The absence of viable microorganisms.
Sterilization by filtration: Passage of a gas or liquid through a sterilizing-grade membrane to yield filtrates that are sterile.
Sterilizing-grade filter: Filter membranes that are documented to retain 100% of a culture of 10^7 microorganisms of a strain of *Brevundimonas diminuta* per square centimeters of membrane surface under a pressure of not less than 30 psi. Such filter membranes are nominally 0.22- or 0.2-um pore size.
Terminal sterilization: The application of a lethal process (eg, steam, dry heat, irradiation) to sealed containers for the purpose of achieving a predetermined PNSU of greater than 10−6 or a probability of less than one in one million of a nonsterile unit.
TSA: Trypticase soy agar.
Unclassified space: A space not required to meet any air cleanliness classification based on the ISO.
Unidirectional airflow: Air within a PEC moving in a single direction in a uniform manner and at sufficient velocity to sweep particles away from the DCA.
Verify: To confirm that a method, process, system, or equipment will perform as expected under the conditions of actual use.

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GLOSSARY USP <797>
Visual smoke study: A test, used in ISO Class 7 and ISO Class 8 rooms that do not have unidirectional airflow, in which a visible source of smoke, which is neutrally buoyant, is used to verify an absence of stagnant airflow. This test does not need to be performed under dynamic operating conditions and is not appropriate for PECs (see the entry for *Dynamic airflow smoke pattern test*).
Workflow management system: Technology comprised of hardware and/or software that allows for automation to assist in the verification of components of, and preparation of, CSPs and to document components and processes.

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $S00.00 Fee

Rev (8/25/2023)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-Nevada	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00** fee with the application.) * Current license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: _____ ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: PRO-spectus Health Solutions, LLC

Physical Address: 15058 Beltway Drive, Suite 119B

City: Addison State: TX Zip: 75001

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 877-877-5321 Toll Free # (NAC 639.708, NRS 639.23286): 877-877-5321

Fax: 855-595-2722 Contact Email: pharmacy@pro-spectushealthsolutions.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Emily Smith

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): _____

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Matthew Henderson	NV Pharmacist Registration #: 18071
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125; Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

State of Incorporation/Organization: Delaware

Parent Company (if any): Pro-spectus Intermediate Holdings, LLC

Corporation/Organization Name: PRO-spectus Health Solutions, LLC

Mailing Address: 15058 Beltway Drive, Suite 119B

City: Addison State: TX Zip: 75001

Telephone: 877-877-5321 Email: pharmacy@pro-spectushealthsolutions.com

Contact Person Name: Justin Neal

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

NV

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the ~~President~~ CEO (title) for Pro-spectus Health Solutions, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Chermie E Chirgwin

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

8/22/2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Charmie Chirgwin hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Pro-spectus Health Solutins, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 22nd day of Aug, 20 25

Notary Public

YAISA RICHARDSON
NOTARY PUBLIC
STATE OF ALABAMA
MY COMMISSION EXPIRES
MARCH 20, 2028

NV

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charmie Chirgwin

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8/22/2025

Date

Board Use Only	Date Received: 9/9/25	Amount: $500 CK 125

List of Officers & Pharmacists:

Name:	Title:
Charmie Chirgwin	Chief Executive Officer
	[redacted]
Emily Smith	Supervising Pharmacist
	[redacted]

List of Ownership

PRO-spectus Intermediate Holdings, LLC
Owns 100% of
PRO-spectus Health Solutions, LLC
15058 Beltway Drive, Suite 119B
Addison, TX 75001

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CORRECTION OF "PRO-SPECTUS NCDP, LLC", CHANGING ITS NAME FROM "PRO-SPECTUS NCDP, LLC" TO "PRO-SPECTUS HEALTH SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE TWELFTH DAY OF FEBRUARY, A.D. 2025, AT 5:35 O`CLOCK P.M.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

10097494 8100
SR# 20250514061

Authentication: 202925748
Date: 02-13-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "PRO-SPECTUS NCDP, LLC", FILED IN THIS OFFICE ON THE TWELFTH DAY OF FEBRUARY, A.D. 2025, AT 2:44 O`CLOCK P.M.

C. J. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

10097494 8100
SR# 20250507269

Authentication: 202919819
Date: 02-12-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler PRO-SPECTUS HEALTH SOLUTIONS, LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 15058 BELTWAY DRIVE, SUITE 119B

City ADDISON State TX Zip 75001

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877-877-5321 Website _____

Licensing Company Email PHARMACY@PRO-SPECTUSHEALTHSOLUTIONS.COM

Section 2: Personal Information

First EMILY Middle KRISTIN Last SMITH

Alias(es, nicknames, name changes, etc.) DODSON, FRANKLIN

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
UNIVERSITY OF OKLAHOMA, HEALTH SCIENCES CENTER			08/06 - 5/10	
Address	City		State	Zip
1110 N STONEWALL AVE	OKLAHOMA CITY		OK	73117
Diploma/Degree obtained, if any				
DOCTORATE OF PHARMACY				
School Name			From - To (MM/YY – MM/YY)	
OKLAHOMA STATE UNIVERSITY			08/02-05/06	
Address	City		State	Zip
106 WHITEHURST	STILLWATER		OK	74078
Diploma/Degree obtained, if any				
BACHELORS OF SCIENCE, BIOLOGICAL SCIENCES				
School Name			From - To (MM/YY – MM/YY)	
YUKON HIGH SCHOOL			8/98-5/02	
Address	City		State	Zip
1777 S YUKON PARKWAY	YUKON		OK	73099
Diploma/Degree obtained, if any				
HIGH SCHOOL DIPLOMA				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/17- CURRENT	[redacted]			
From - To (MM/YY – MM/YY)	Add[redacted]			
4/15 - 11/17				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
PRO-SPECTUS HEALTH SOLUTIONS, LLC			08/25-CURRENT
Business Address	**City**	**State**	**Zip**
15058 BELTWAY DRIVE, SUITE 119B	ADDISON	TX	75001
Phone	**Title**	**Number of Employed Hours**	
877-877-5321	PHARMACIST IN CHARGE	40/WEEK	

Description of Duties

SUPERVISING PHARMACIST OF DISPENSING PHARMACY, DAY TO DAY OPERATIONS

Business Name			From - To (MM/YY – MM/YY)
WALMART			09/21-06/25
Business Address	**City**	**State**	**Zip**
930 N WALNUT CREEK DRIVE	MANSFIELD	TX	76063
Phone	**Title**	**Number of Employed Hours**	
817-473-3014	PHARMACY CLINICAL SERVICES MANAGER	40/WEEK	

Description of Duties

REGIONAL PHARMACIST, RESOURCE FOR PHARMACIES IN THE REGION, RESPONSIBLE FOR TEACHING AND TRAINING

Business Name			From - To (MM/YY – MM/YY)
WALMART			08/18 - 9/21
Business Address	**City**	**State**	**Zip**
2041 REDBUD BLVD	MCKINNEY	TX	75069
Phone	**Title**	**Number of Employed Hours**	
972-542-2619	PHARMACY MANAGER	40/WEEK	

Description of Duties

MANAGER OF PHARMACY, RESPONSIBLE FOR ALL PHARMACY OPERATIONS

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Emily Smith, **certify that as the designated representative for** Prospective Health Solutions, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ES I am at least 21 years of age;
3. ES I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ES I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ES I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ES I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ES I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Emily Smith
Print Name (First, Last)

Emily Smith
Original Signature (electronic, copies or stamps not accepted)

8/21/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Emily Smith
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/25/25
Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Dallas

I, Emily Smith, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/25/25
Date

Subscribed and Sworn to before me this 25th day of August.

Notary Public Signature

GABRIEL G CHAVEZ
Notary ID #132731757
My Commission Expires
October 5, 2028

(Seal)

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *PRO-SPECTUS HEALTH SOLUTIONS LLC* License Number:

Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Pre-Inspection*

Date: *08/05/2025* Arrival Time: *10:00 AM* Departure Time: *11:00 AM*

Action Taken: *Pre-Inspection*

General Comments:

Pre-Inspection Checklist

Verify Owner/Owner's Representative ID — *Not Applicable*

Name	Title
:	:

Verify PIC ID — *Yes*

Name	Title
: *Justin Neal*	: *PIC/Owner*

1. The prescription department has adequate space for the size and scope of the pharmaceutical services provided by the pharmacy.	*Yes*
2. Fixtures (i.e. shelving, countertops, etc.) for the storage of drugs, equipment, and supplies necessary to operate a pharmacy are installed.	*Yes*
3. Electrical supply exists.	*Yes*
4. A sink with hot and cold running water available exclusive of the restroom facilities.	*Yes*
5. Pharmacy arranged in an orderly fashion and kept clean.	*Yes*
6. The prescription department is complete and contains the following required equipment and supplies including, but not limited to:	*Yes*
6a. data processing system including a printer or comparable equipment;	*Yes*
6b. refrigerator to be maintained within a range compatible with the proper storage of drugs requiring refrigeration;	*Yes*
6c. adequate supply of child-resistant, light-resistant, tight, and, if applicable, glass containers;	*Yes*
6d. adequate supply of prescription labels with name, address, and telephone number of the pharmacy;	*Yes*

6e. appropriate equipment necessary for the proper preparation of prescription drug orders;	*Yes*
6f. metric-apothecary weight and measure conversion charts;	*Yes*
6g. if the pharmacy serves the public, the word "pharmacy" or similar word or symbol, as determined by the board, is displayed in a prominent place on the front of the pharmacy.	*Not Applicable*
7. A reference library is on site and current:	*Yes*
7a. Texas Pharmacy Laws and Regulations (publication year: _____)	*Yes*
Publication Year : *Online*	
7b. Drug Interactions Reference (publication year: _____)	*Yes*
Publication Year : *Online*	
7c. General Information Reference (publication year: _____)	*Yes*
Publication Year : *Online*	
7d. Chapter 795 of the USP/NF concerning Pharmacy Compounding Non-Sterile Preparations (if the pharmacy is compounding non-sterile preparations)	*Not Applicable*
7e. General reference text on veterinary drugs (if the pharmacy dispenses veterinary prescriptions)	*Not Applicable*
7f. Basic Antidote Information and telephone number of the nearest Regional Poison Control Center.	*Yes*
8.If the pharmacy is compounding sterile preparations, the following references are also required:	*Not Applicable*
8a. United States Pharmacopeia/National Formulary or USP Pharmacist's Pharmacopeia containing USP Chapter 797, Pharmaceutical Compounding Sterile Preparations	*Not Applicable*
8b. Chapter 71 of the USP/NF concerning Sterility Tests	*Not Applicable*
8c. Chapter 85 of the USP/NF concerning Bacterial Endotoxins Test	*Not Applicable*
8d. Chapter 1163 of the USP/NF concerning Quality Assurance in Pharmaceutical Compounding	*Not Applicable*
8e. Handbook on Injectable Drugs (publication year: _____)	*Not Applicable*
Publication Year :	
8f. Specialty reference text appropriate for the scope of pharmacy services provided by the pharmacy (e.g., if the pharmacy prepares hazardous drugs, a reference text on the preparation of hazardous drugs)	*Not Applicable*
9. Security Requirements can be met to assure the pharmacy will be locked by key, combination, or other mechanical or electronic means to prohibit unauthorized access when a pharmacist is not on-site.	*Not Applicable*

10. Pharmacy has basic alarm system with the off-site monitoring and perimeter and motion sensors. (Alarm must be activated). *If your city requires an alarm permit, provide a copy of the permit.	*Yes*
11. Written policies and procedures/SOPs for the pharmacy's security system that meet the requirements of Rule 291.33(b)(2)(E)	*Yes*
12. An area suitable for confidential patient counseling, if the pharmacy serves the general public	*Not Applicable*
13. If compounding sterile preparations, the pharmacy has controlled area that meets the requirements in Rule 291.133 (d)(6)(A) if the pharmacy is compounding low-risk and medium-risk preparations or Rule291.133(d)(6)(B) if high-risk preparations are being compounded.	*Not Applicable*
14. Certified primary engineering control device (e.g., laminar airflow work benches, biological safety cabinets, compounding aseptic isolators, and compounding aseptic containment isolators).	*Not Applicable*
15. Certified clean room(s) (e.g. ante area, buffer area).	*Not Applicable*

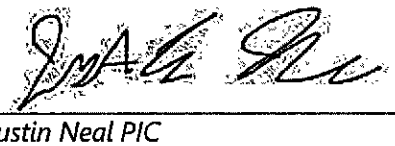
Discussion Items

The requirements of TSBP Rule 291.11 and Section 565.0591 of the Pharmacy Act regarding the operation of a pharmacy within 6 months of becoming licensed.	*Yes*
Corresponding Responsibility and the Red Flags checklist using references from the DEA RPh Manual, the Texas Controlled Substances Act, and TSBP Rules 291.29 and 291.34 (b).	*Yes*
Pharmacy will need to conduct an opening inventory of all controlled substances on the first day of business.	*Yes*
Pharmacy will need to report all controlled substances to the PMP as required.	*Yes*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



Justin Neal PIC

Terri Burrows

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *PRO-SPECTUS HEALTH SOLUTIONS LLC* License Number:

Address: *15058 BELTWAY DRIVE STE 119B, ADDISON , TX 75001* Phone: *75001*

Email:

Class of License: *A* License Expiration:

DEA #: *NA* DEA Expiration:

Inspection Information

Type: *Compliance* Purpose: *Pre-Inspection*

Date: *08/05/2025* Arrival Time: *10:00 AM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections S54.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Justin Neal *PIC* *62462*

Witness

Terri Burrows

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue, Suite 13.100
Austin, TX 78701-1319
(512) 305-8000

License Number: 35830

(Date PDF Version Generated: 8/7/2025)

HELPFUL PHARMACY INFORMATION

- Pharmacies are required to notify TSBP within 10 days of a discontinuance of service, change of location or closure. See the TSBP website here Pharmacy - Renew & Update (texas.gov) for changes.
- Renewals open about 60 days prior to your expiration date, renewal information can be found here Renew | Pharmacy (texas.gov).
- Change of Employment or Change of PIC information can be found here Update | Employment (texas.gov).
- Change of Ownership – Call (512) 305-8021 or see Apply | Change of Ownership (texas.gov).
- For questions or assistance regarding rules, contact TSBP Rules Queue line at (512) 305-8070 see www.pharmacy.texas.gov.
- Non-Resident Pharmacy questions call (512) 305-9127 or email NonResPhcy@pharmacy.texas.gov.

An up-to-date License Verification is always available on the Board's website: http://www.pharmacy.texas.gov/

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **35830** Expiration Date: **08/31/2027**

Balances: **0**

PRO-SPECTUS HEALTH SOLUTIONS LLC
15058 BELTWAY DR STE# 119B
ADDISON, TX 75001

Daniel R. Carroll, Pharm.D.,
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 35830

PRO-SPECTUS HEALTH SOLUTIONS LLC

License Information

License Status Active
License # 35830
Expiration Date 08/31/2027
Date License Issued 08/07/2025

Address

15058 BELTWAY DR STE# 119B
ADDISON, TX 75001
County DALLAS
Phone (877) 877-5321

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
SMITH, EMILY KRISTIN

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	No
Translating services (Listed Below If Available)	

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

- 3567663 35830 PROSPECTUSHEALTHSOLUTIONSLLC 2025-08 08-2030.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No

Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	No
Closed Door	Yes
Compounding, Office Use	No
Home Delivery	No
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
NEAL, JUSTIN K	62462	05/17/2018	08/31/2026	Staff	Active
SMITH, EMILY KRISTIN	49106	08/05/2010	03/31/2026	PIC	Active

Page 1 of 1 20 View 1 - 2 of 2

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status

Page 0 of 0 20 No records to view

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
PRO-SPECTUS HEALTH SOLUTIONS LLC	OWNER	,			
CHIRGWIN, CHARMIE	OFFICER	,			
NEAL, JUSTIN K	OFFICER	,			

Page 1 of 1 20 View 1 - 3 of 3

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

411

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☒ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☒ Dangerous drugs
	☐ Location Change *	☐ Internet	☒ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FR5424534
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☒ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Rx.co Pharmacy, LLC

Physical Address: 9151 S Prosperity Rd, Ste 100

City: West Jordan State: UT Zip: 84081

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-655-7926 Toll Free # (NAC 639.708, NRS 639.23286): 888-655-7926

Fax: 801-516-0049 Contact Email: Licensing@rx.co

Website: https://rxco.drxrefill.com/

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Mark Hebert, PharmD, BCPS

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24713

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Mark Hebert, PharmD, BCPS	NV Pharmacist Registration #: 24713
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Utah

Parent Company (if any): Labor Pharmacy Benefit Solutions, LLC

Corporation/Organization Name: Rx.co Pharmacy, LLC

Mailing Address: 9151 S Prosperity Rd, Ste 100

City: West Jordan State: UT Zip: 84081

Telephone: 888-655-7926 Email: Licensing@rx.co

Contact Person Name: Mark Hebert, PharmD, BCPS

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Manager (title) for Rx.co Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Mark Hebert, PharmD, BCPS

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

8/27/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Mark Hebert, PharmD, BCPS hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Manager (title) for Rx.co Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

County of Salt Lake
State of Utah
SUBSCRIBED AND SWORN TO
Before me, a notary public this 27 day of August, 2025

Notary Public

JOHN KENNETH HULBERT
Notary Public - State of Utah
Commission Number: 736113
My Commission Expires on
March 13, 2028

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Hebert, PharmD, BCPS

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8/27/25

Date

Board Use Only	Date Received: 8/28/25	Amount: $500 ck 1037

Rx.Co Pharmacy, LLC Ownership Organization Chart

Labor Pharmacy Benefit Solutions, LLC

Delaware LLC: Parent Company and **100% Owner** of Rx.Co Pharmacy, LLC

Address: 6816 West Black Ridge Circle, Herriman, UT 84096

Phone Number: 888-655-7926

E-Mail: Scott@rx.co

Officers: Scott Lake – CEO

[redacted]

Rx.Co Pharmacy, LLC

Utah LLC: Licensed Class A Pharmacy and Wholly Owned Subsidiary of Labor Pharmacy Benefit Solutions, LLC

Address: 9151 S Prosperity Rd, Suite 100, West Jordan, UT 84081

Phone Number: 888-655-7926

E-Mail: Licensing@rx.co

Officers: Mark Hebert, PharmD, BCPS – Manager

[redacted]

UTAH DEPARTMENT OF COMMERCE
Division of Corporations and Commercial Code

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

MARGARET W. BUSSE
Executive Director

ADAM WATSON
Division Director

June 24, 2025

CERTIFICATE OF EXISTENCE

Registration Number:	14552152-0160
Business Name:	RX.CO PHARMACY, LLC
Principal Office Address:	6816 W BLACK RIDGE CIR, HERRIMAN, UT 84096
Registered Date:	03/14/2025
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Current Status:	ACTIVE - CURRENT

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division unless the status above is delinquent; and, that Articles of Dissolution have not been filed.

Adam Watson
Director
Division of Corporations and Commercial Code

Certificate Number: 202506241343467
Enter the certificate number at https://businessregistration.utah.gov/ to verify this certification.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Rx.co Pharmacy, LLC

Pharmacy/Wholesaler License # (if applicable) Pending

Physical Address 9151 S Prosperity Rd, Suite 100

City West Jordan State UT Zip 84081

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-655-7926 Website https://rxco.drxrefill.com/

Licensing Company Email licensing@rx.co

Section 2: Personal Information

First Mark Middle Allen Last Hebert

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Roseman University of Health Sciences College of Pharmacy		08/10-06/13	
Address	**City**	**State**	**Zip**
10920 S River Front Parkway	South Jordan	UT	84095
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
Salt Lake Community College - Taylorsville Redwood Campus		08/08-06/10	
Address	**City**	**State**	**Zip**
4600 S Redwood Rd	Salt Lake City	UT	84123
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
University of Utah - Main Campus		08/07-06/08	
Address	**City**	**State**	**Zip**
201 Presidents Circle	Salt Lake City	UT	84112
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Skyline High School		08/97-06/99	
Address	**City**	**State**	**Zip**
3251 E 3760 S	Salt Lake City	UT	84109
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/17-Present	[redacted]			
From - To (MM/YY – MM/YY)				
06/08-11/17				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Rx.co Pharmacy, LLC			03/25-Present	
Business Address		**City**	**State**	**Zip**
9151 S Prosperity Rd, Suite 100		West Jordan	UT	84081
Phone	**Title**		**Number of Employed Hours**	
888-655-7926	Pharmacy Director/PIC		1,150	
Description of Duties				
Direct and manage all retail/mail-order operations; oversee compliance, controlled substance handling, fulfillment, and SOP development.				

Business Name			From - To (MM/YY – MM/YY)	
Option Care Infusion Pharmacy			01/25-03/25	
Business Address		**City**	**State**	**Zip**
4384 S 900 E		Salt Lake City	UT	84124
Phone	**Title**		**Number of Employed Hours**	
801-262-5700	Pharmacy Manager		379	
Description of Duties				
Was the temporary designated person and pharmacy manager for a home infusion pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Curaleaf Pharmacy			09/24-01/25	
Business Address		**City**	**State**	**Zip**
222 N Draper Ln		Provo	UT	84601
Phone	**Title**		**Number of Employed Hours**	
(801) 872-7447	Clinical Pharmacist		784	
Description of Duties				
Clinical review, verification, patient counseling, controlled substance dispensing				

Business Name			From - To (MM/YY – MM/YY)	
Harmons Pharmacy #18			02/18-08/24	
Business Address		**City**	**State**	**Zip**
1750 Traverse Parkway		Lehi	UT	84043
Phone	**Title**		**Number of Employed Hours**	
(385) 352-8018	Pharmacy Manager/PIC		15,000	
Description of Duties				
Managed staff pharmacists and technicians, ensured compliance with state/federal regulations, oversaw inventory and MTM programs.				

Business Name			From - To (MM/YY – MM/YY)	
Harmons Specialty Pharmacy			12/16-02/18	
Business Address		**City**	**State**	**Zip**
3541 S 4800 W		West Valley City	UT	84120
Phone	**Title**		**Number of Employed Hours**	
N/A	Specialty Pharmacy Operations Manager		2,700	
Description of Duties				
Developed specialty pharmacy services, centralized MTM, wrote SOPs, coordinated clinical/operational workflows.				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Harmons Pharmacy #88			12/16-02/18	
Business Address		City	State	Zip
3541 S 4800 W		West Valley	UT	84120
Phone	Title		Number of Employed Hours	
(801) 714-4150	Pharmacy Manager/PIC		8,200	
Description of Duties				
Managed retail pharmacy operations, patient counseling, immunization services, staff scheduling.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Mark Hebert, PharmD, BCPS, **certify that as the designated representative for**

Rx.co Pharmacy, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ___ I am at least 21 years of age;
3. ___ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ___ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ___ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ___ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ___ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Mark Hebert

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/27/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Hebert

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/27/25

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/27/25

Date

Subscribed and Sworn to before me this 27 day of August, 2025.

Notary Public Signature

JOHN KENNETH HULBERT
Notary Public - State of Utah
Commission Number: 736113
My Commission Expires on
March 13, 2028

(Seal)

Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE
160 E 300 S
P.O. Box 16741
Salt Lake City, UT 84114-6741
Phone: (801) 530-6628
Toll Free: (866) 275-3675
Online: DOPL.utah.gov
Email: DOPLInvestigations@utah.gov

CLASS A RETAIL PHARMACY

INSPECTION

☐ Opening ☑ Random

INFORMATION

Pharmacy Name: Rx.Co Pharmacy, LLC Date: 6/23/25

License Number: 14219166-1703 Exp Date: 9/30/27

C.S. License Number: 14219166-8913 Exp Date: 9/30/27

DEA Registration: FR5424534 Exp Date: 4/30/28

Pharmacy FEIN Number (Tax ID): 33-3987723

Pharmacy Email: licensing@rx.co

Pharmacy Phone Number: 801-877-5815 Fax: 801-516-0049

Pharmacy Toll Free Number: 888-655-7926

Affiliated Websites: www.rx.co

Pharmacy Hours: Monday-Friday: 10-5 Saturday: 10-3 Sunday: closed

Pharmacy Address: 9151 S Prosperity Rd, Suite 100

City: West Jordan State: UT Zip: 84081

Pharmacist In Charge (PIC): Mark Allen Hebert

PIC License Number: 7105593-1701 Expiration Date: 9/30/25

Personnel

List ALL pharmacists, interns, pharmacy technicians and techs-in-training (attach a separate sheet, if necessary):

Name:	License #	Title:	Exp:
	Photo taken of list		
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
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Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:

INSPECTION

	YES	NO	
1	☑	☐	The facility shall maintain a current list of licensed employees involved in the practice of the pharmacy at the facility. The list shall include individual licensee names, license classifications, license numbers, and license expiration dates. The list shall be readily retrievable. The list may be maintained in paper or electronic form. [UAC R156-17b-614a (5)(a)(i-vi)(b)]
2	☑	☐	Notification has been provided to the Division in regards to the unique email address used for self audits or pharmacy alerts. The pharmacy will use a single email address and notify the Division of any change in the email address within seven days of the change. [UAC R156-17b-603 (2) and (3) (t) (i-ii)]
3	☑	☐	Notification has been provided to the Division in regards to the assignment of the PIC at the above stated pharmacy. The Division is notified of a change in PIC within 30 days of the change. [UAC R156-17b-603 (3) (s)]
4	☐	☐	If the facility has a pharmacy technician training program, the program and curriculum of education and training, meets standards established by Division rule made in collaboration with the Board. [UAC R156-17b-303a (3)] ☑ N/A
5	☑	☐	A pharmacy technician trainee shall practice only under the direct supervision of a pharmacist, and in a ratio not to exceed one pharmacy technician trainee to one pharmacist or two pharmacy technician trainees to one pharmacist, if a licensed pharmacy technician or intern is working during the same shift. [UAC R156-17b-601(4)(a)(i-ii)]
6	☑	☐	A licensed pharmacy technician shall practice under the general supervision of a licensed pharmacist. [UCA 58-17b-102 (57)]
7	☑	☐	A pharmacy technician may administer vaccines and emergency medications pursuant to delegation by a pharmacist... And is under "direct", on-site supervision by the delegating pharmacist as defined in R156-1-102a(4)(a); [UAC R156-17b-601 (3)(b)]
8	☑	☐	The operating standards for a Pharmacist acting as a preceptor includes meeting the following criteria by providing direct, on-site supervision to no more than two pharmacy interns during a working shift. [UAC R156-17b-606(2)(a)(3)(a)]
9	☑	☐	In accordance with Subsection 58-17b-102(72)(b), supportive personnel shall be supervised by a licensed pharmacist or DMP. The licensed pharmacist or DMP shall be present in the area where the person being supervised is performing services and shall be immediately available to assist the person being supervised in the services being performed expect for the delivery of pre-filled prescriptions as provided in Subsection (1)(g) above. [UAC R156-17b-607 (3)]
10	☑	☐	In accordance with Subsection 58-17b-102(72)(a), supportive personnel may assist in any tasks not related to drug preparation or processing, including: [UAC R156-17b-607 (1)(a-g)]

- ☐ stock ordering and restocking;
- ☑ cashiering;
- ☐ billing;

- ☐ filing;
- ☐ receiving a written prescription and delivering it to the pharmacist, pharmacy intern, pharmacy technician, pharmacy technician trainee, DMP, or DMP designee;
- ☐ housekeeping;
- ☐ delivering a pre-filled prescription to a patient.

11 ☑ ☐ The pharmacist-in-charge (PIC) is responsible for ensuring that no pharmacy operates with a ratio of pharmacist or DMP to other pharmacy personnel in circumstances that result in, or reasonably would be expected to result in, an unreasonable risk of harm to public health, safety, and welfare; [UAC R156-17b-603 (3) (r)]

12 ☑ ☐ All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility does wear on their person a clearly visible and readable identification showing the individual's name and position. [UCA 58-17b-603 (1)]

13 ☑ ☐ The facility conducts a pharmacy self-audit on a form provided by the Division, in accordance with the the following time frames: within 30 days of a change of consulting pharmacist, PIC, DMPIC, or RDPIC; within 30 days of the opening of a new facility; and at least 90 days before the end of each license renewal cycle. The facility maintains each pharmacy self-audit form for two years from the date of the self-audit. [UCA R156-17b-603 (3)(u)(i-iv)]

Date of last self inspection: 5/1/25

14 ☑ ☐ The facility or parent company shall maintain a record for at least five years of the initials or identification codes that identify each dispensing pharmacist or DMP by name. The initials or identification code shall be unique to ensure that each pharmacist or DMP can be identified; therefore identical initials or identification codes may not be used. [UAC R156-17b-614a (8)]

15 ☑ ☐ The facility does have current and retrievable editions of the following reference publications in print or electronic format and readily available and retrievable by facility personnel: [UAC R156-17b-614a (4) (a-k)]

- ☑ UCA 58-1 (DOPL Licensing Act)
- ☑ UCA 58-17b (Pharmacy Practice Act)
- ☑ UCA 58-37 (Controlled Substance Act)
- ☑ UCA 58-37f (Controlled Substance Database Act)
- ☑ Code of Federal Regulations Title 21 parts 1300 to end
- ☑ General Drug References
- ☑ UAC R156-1 (General Rules of DOPL)
- ☑ UAC R156-17b (Pharmacy Practice Act Rules)
- ☑ UAC R156-37 (Controlled Substance Act Rules)
- ☑ UAC R156-37f (Controlled Substance Database Act Rule)
- ☑ FDA Approved Drug Product (Orange Book)

16 ☑ ☐ The facility is well lighted, ventilated, clean and sanitary. [UAC R156-17b-614a (1) (a)]

17 ☑ ☐ If transferring a drug from a manufacturer's or distributor's original container to another container, the dispensing area, shall have a sink with hot and cold culinary water separate and apart from restroom facilities. All required equipment shall be clean and in good operating condition. [UAC R156-17b-614a (1) (b)]

18 ☑ ☐ The facility is equipped to permit the orderly storage of prescription drugs and durable medical equipment in a manner to permit clear identification, separation and easy retrieval of products and an environment necessary to maintain the integrity of the product inventory. [UAC R156-17b-614a (1) (d)]

19 ☑ ☐ The facility is equipped to permit practice within the standards and ethics of the profession as dictated by the usual and ordinary scope of practice to be conducted within that facility. [UAC R156-17b-614a (1) (e)]

20 ☑ ☐ All out of date legend drugs and controlled substances shall be removed from the inventory at regular intervals and in correlation to the beyond use date imprinted on the label. [UAC R156-17b-605(1)]

21 ☑ ☐ The facility is stocked with the quality and quantity of product necessary for the facility to meet its scope of practice in a manner consistent with the public safety. [UAC R156-17b-614a (1) (f)]

22 ☑ ☐ If dispensing controlled substances, the facility is equipped with a security system to permit detection of entry at all times when the facility is closed, and provide notice of unauthorized entry to an individual, and be equipped with a lock where drugs are stored and be securely locked when the pharmacy department is closed. [UAC R156-17b-614a (1)(g)(i-li)(h)(i-ii)]

N/A ☐

23 ☑ ☐ If the pharmacy does not store drugs in a locked cabinet and has a drop/false ceiling, the pharmacy's perimeter walls shall extend to the hard deck, or other measures shall be taken to prevent unauthorized entry into the pharmacy. [UAC R156-17b-614a (15)]

N/A ☐

24 ☑ ☐ Only a licensed Utah pharmacist or authorized pharmacy personnel does have access to the pharmacy when the pharmacy is closed. [UAC R156-17b-614a (7)]

25 ☑ ☐ A pharmacy shall not dispense a prescription drug or device to a patient unless a pharmacist is physically present and immediately available in the facility. [UAC R156- 17b-614a (6)]

26 ☑ ☐ The temperature of the pharmacy is maintained within a range compatible with the proper storage of the drugs. [UAC R156-17b-614a (3)]

27 ☑ ☐ The temperature of the refrigerator and freezer is maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing. The pharmacy shall keep a daily written or electronic log of the temperature of the refrigerator or freezer on days of operation. The pharmacy shall retain the log for three years. [UAC R156-17b-614a (3)]

28 ☑ ☐ For the purpose of promoting therapeutic appropriateness, a pharmacist shall at the time of dispensing a prescription, or a prescription drug order, review the patient's medication record. Such review shall at a minimum identify clinically significant conditions, situations or items, such as: [UAC R156-17b-611 (2) (a-g)]

- ☑ Inappropriate drug utilization
- ☑ Drug-disease contraindications
- ☑ Incorrect drug dosage
- ☑ Drug-allergy interactions
- ☑ Therapeutic duplications
- ☑ Drug-drug interactions
- ☑ Incorrect duration of drug treatment
- ☑ Clinical abuse or misuse

29 ☑ ☐ Facility does have a counseling area to allow for confidential patient counseling. [UAC R156-17b-614a (1)(i)]

30 ☑ ☐ Every pharmacy shall verbally offer to counsel a patient or a patient's agent in a personal face-to-face discussion regarding each prescription drug dispensed. If the patient or patient's agent delivers the prescription in person to the pharmacist or pharmacy intern; or receives the drug in person at the time it is dispensed at the facility. [UCA 58-17b-613 (1)]

31 ☑ ☐ A pharmacist or pharmacy intern that receives a prescription from a patient by means other than personal delivery, and that dispenses prescribed drugs to the patient by means other than personal delivery shall provide the patient with a telephone number by which the patient can contact the pharmacist or pharmacy intern at the pharmacy for counseling regarding the prescribed drug. [UCA 58-17b-613(2)]

32 ☑ ☐ if a prescription drug order is delivered to the patient or the patient's agent at the patient's or other designated location, the following is applicable: [UCA R156-17b-610(6)(a-c)]

- ☑ the pharmacy shall provide the information specified in R156-17b-610(3) be delivered with the dispensed prescription in writing.

☑ if prescriptions are routinely delivered outside the area covered by the pharmacy's local telephone service, the pharmacist shall place on the prescription container or on a separate sheet delivered with the prescription container, the telephone number of the pharmacy and the statement "Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions."

☑ written information provided in Subsection (b) of this section shall be in the form of patient information leaflets similar to USP-NF patient information monographs or equivalent information.

33 ☑ ☐ The offer to counsel is documented and said documentation shall be available to the Division. These records must be maintained for a period of five years and be available for inspection within 7-10 business days. [UAC R156-17b-610 (4)]

34 ☑ ☐ A pharmacy may only deliver a prescription drug to a patient or patient's agent in person at the pharmacy or via the United States Postal Service, a licensed common carrier, or supportive personnel, if the pharmacy takes reasonable precautions to ensure the prescription drug is delivered to the patient or patient's agent or returned to the pharmacy. [UCA 58-17b-602(9)(a)(b)(i-ii)]

35 ☑ ☐ A pharmacy that employs the United States Postal Service or other common carrier to deliver a filled prescription to a patient shall: [UAC R156-17b-608(1)(a-e)(2)(a-c)]

☑ Use adequate storage or shipping containers and shipping processes to ensure drug stability and potency. The shipping processes shall include the use of appropriate packing material and devices, according to the recommendations of the manufacturer or the United States Pharmacopeia Chapter 1079, in order to ensure that the drug is kept at appropriate storage temperatures throughout the delivery process to maintain the integrity of the medication.

☑ Use shipping containers that are sealed in a manner to detect evidence of opening or tampering.

☑ have policies and procedures to ensure accountability, safe delivery, and compliance with temperature requirements, including when drugs do not arrive on time or there is evidence that the integrity of a drug was compromised and providing for the replacement of those drugs.

☑ Provide for an electronic, telephonic, or written communication mechanism for a pharmacy to offer counseling to the patient in accordance with sections 58-17b-613 and R156-17b-610; and provide documentation of such counseling.

☑ Provide information to the patient indicating what the patient should do if the integrity of the package or drug was compromised during shipment.

36 ☑ ☐ Each drug dispensed from the pharmacy does have a label securely affixed to the container indicating the required minimum information, including: [UCA 58-17b-602 (5) (a) (i-viii)]

- ☑ name, address, & phone number of pharmacy
- ☑ filling date or last dispensing date
- ☑ name of the prescriber
- ☑ trade, generic or chemical name

(Unless Otherwise Indicated by Prescriber)

- ☑ serial number of prescription
- ☑ name of the patient or animal owner/species
- ☑ directions for use & cautionary statements
- ☑ amount dispensed & strength of dosage form
- ☑ beyond use date

37 ☑ ☐ Unless otherwise requested, child-resistant containers are used for dispensing medications to patients. [16 CFR 1700.15]

38 ☑ ☐ Controlled substances are not accepted back for destruction unless allowed for by state and federal law. [UAC R156-37-606 (1-2) & 21 CFR 1307.22]

39 ☑ ☐ N/A ☐ The registered pharmacy only processes electronically signed prescriptions for controlled substances under the following conditions: the pharmacy uses a pharmacy application that meets all the applicable requirements; the prescription is otherwise in conformity with the requirements of the Code of Federal Regulations; and Certification Authority (CA) has been obtained. The electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form and at no time may the prescription be converted to another form *(i.e. facsimile)* for transmission. [UAC R156-17b-613(1) & 21 CFR 1311]

40 ☑ ☐ Prescription files, including refill information, is maintained for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

41 ☑ ☐ Prescription records may be maintained electronically so long as the original of each prescription, including telephone prescriptions, is maintained in a physical file and contains all of the information required by federal and state law; and an automated data processing system is used for the storage and immediate retrieval of refill information for prescription orders. [UAC R156-37-602 (4) (a-b)]

42 ☐ ☐ N/A ☑ All records relating to Schedule II controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (5)]

43 ☐ ☐ N/A ☑ All records relating to Schedule III, IV, V controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (6)]

44 ☑ ☐ N/A ☐ Requirement for annual controlled substances inventory shall be within 12 months following the inventory date of each year and may be taken within four days of the specified inventory date and shall include all stocks including out-of-date drugs and drugs in automated pharmacy systems. [UAC R156-17b-605 (4)]

45 ☑ ☐ N/A ☐ Requirements for taking the initial controlled substances inventory shall include the following: pharmacies having stock of controlled substances shall take an inventory, including out-of-date drugs and drugs in automated pharmacy systems, on the opening day of business; if a pharmacy commences business with no Schedule I or II controlled substances, the pharmacy shall record this fact as the initial inventory and shall document Schedule I and II controlled substance inventory separately from an inventory reporting no Schedule III, IV, and V controlled substances; the initial inventory shall serve as the pharmacy's inventory until the next completed inventory as specified in Subsection (4) of this section. [UAC R156-17b-605 (3) (a-c)]

46 ☑ ☐ N/A ☐ General Requirements for inventory of a pharmacy shall include: [UAC R156-17b-605 (2)(a)(b)(c)(f)(g)(h)(k)(l)]

- ☑ the PIC shall be responsible for taking all required inventories, but may delegate the performance of the inventory to another person or persons;
- ☑ the inventory records shall be maintained for a period of five years and be readily available for inspection
- ☑ the inventory records shall be filed separately from all other records
- ☑ the inventory may be taken either as the opening of the business or the close of business on the inventory date;
- ☑ the person taking the inventory and the PIC shall indicate the time the inventory was taken and shall sign and date the inventory with the date the inventory was taken. The signature of the PIC and the date of the inventory shall be documented within 72 hours or three working days of the completed initial, annual, change of ownership and closing inventory.

☑ the inventory of Schedule I and II controlled substances shall be listed separately from the inventory of Schedule III, IV and V controlled substances;

☑ if the pharmacy maintains a perpetual inventory of any of the drugs required to be inventories, the perpetual inventory shall be reconciled on the date of the inventory.

47 ☐ ☐ N/A ☑ All pharmacies shall maintain a perpetual inventory of all Schedule II controlled substances that shall be reconciled according to facility policy. [UAC R156-17b-605(6)]

48 ☐ ☐ N/A ☑ The pharmacy does reconcile its controlled substance inventory to account for shortages of controlled substances. [UAC R156-17b-603 (3) (j) & R156-37-502(4)]

49 ☑ ☐ Any facility who experiences any theft, including diversion, or significant loss of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Investigation Bureau Division; and report the incident to the local law enforcement agency. [UAC R156-37-602 (2)]

50 ☐ ☐ N/A ☑ Pharmacists or other responsible individuals do verify that the suppliers' invoices of controlled substances, listed on the invoices were actually received by clearly recording their initials and the actual date of receipt of the controlled substances. [UAC R156-17b-614a (11)]

51 ☐ ☐ N/A ☑ The facility shall maintain a record of suppliers' credit memos for controlled substances [UAC R156-17b-614a (12)]

52 ☐ ☐ N/A ☑ The facility does maintain a copy 3 of DEA order form (form 222) which has been properly dated, initialed, and filed and all copies of each unaccepted or defective order form and any attached statements or other documents. [UAC R156-17b-614a(9)]

53 ☑ ☐ The Division shall implement on a statewide basis, including non-resident pharmacies as defined in Section 58-17b-102, the following two options for a pharmacist to submit information: real-time submission of the information required to be submitted under this part of the controlled substance database; and 24-hour daily or next business day, whichever is later, batch submission of the information required to be submitted under this part to the controlled substance database. [UCA 58-37f-203(1)(a)(i,ii)]

54 ☑ ☐ In accordance with 58-37f-203(6), the pharmacist-in-charge and the pharmacist identified in Subsections 58-37f-203(2) and (3) shall provide the following data fields to the Division: the state that issued identification, type of identification used, identification number used and first and last name of individual picking up dispensed drug. [UCA R156-37f-203 (4) (bb-ff)]

55 ☐ ☑ The pharmacy maintains emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMT's, ambulances)? If the answer is "yes", note name(s) of facilities or entities.

56 ☐ ☑ The pharmacy maintains automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home? If the answer is "yes", note type and location.

57 ☐ ☑ The pharmacy utilizes an Automated Pharmacy System? If the answer is "yes" to this question, a automation questionnaire must be completed. [UAC R156-17b-620]

58 ☐ ☑ The facility is engaged in hazardous drug compounding as defined by USP-NF Chapter 800. If you answer "yes" to this question, a compounding questionnaire must be completed.

59 ☐ ☑ The facility is engaged in compounding activities as defined by USP 35 Chapter 795. If you answer "yes" to this question, a compounding questionnaire must be completed. [(UAC R156-17b-614a (2)]

60 ☐ ☑ The facility is engaged in *sterile* compounding as defined by USP 35 Chapter 797. If you answer "yes" to this question, a compounding questionnaire must be completed. [UAC R156-17b-614a (2)]

COMMENTS

Assisted by Mark Hebert, PIC.

Pharmacy has a compliant list of licensees. A photo was taken of the list.

Pharmacy uses a supportive personnel as a cashier.

Pharmacy is clean and organized.

Sink has hot and cold water.

No expired medications in pharmacy's stock.

Pharmacy mails prescriptions to patients. Has required SOPs. Written statement is included with mailed prescriptions.

Prescription labels are compliant.

Pharmacy does not yet have any controlled substances.

Initial controlled substance inventory is compliant.

Pharmacy plans to have automated pharmacy systems in the future.

Pharmacy plans on non-sterile compounding in the future.

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: Date: 6/23/25

Name of Responsible Party (Print): Mark Hebert

Signature of Division Investigator: Date: 6/23/25

Name of Division Investigator (Print): Travis Drebing

Revised 3/2025

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Rx.Co Pharmacy, LLC

EFFECTIVE **04/29/2025**

EXPIRATION **09/30/2027**

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

14219166-1703	Pharmacy - Class A
14219166-8913 License	Dispensing Controlled Substance

DBA:

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

RX.CO PHARMACY, LLC
9151 S PROSPERITY RD, SUITE 100
WEST JORDAN UT 84081

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: **04/29/2025**

EXPIRATION DATE: **09/30/2027**

ISSUED TO: **Rx.Co Pharmacy, LLC**
9151 S Prosperity Rd, Suite 100
West Jordan UT 84081

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)
14219166-1703 Pharmacy - Class A
14219166-8913 Dispensing Controlled Substance License
DBA:

Form #1

Details for Rx.Co Pharmacy, LLC

License Information

Name:	Rx.Co Pharmacy, LLC
City, State, Zip, Country:	West Jordan UT 84081 United States
Profession:	Pharmacy
License Type:	Pharmacy - Class A
License Number:	14219166-1703
Obtained By:	Application
License Status:	Active
Original Issue Date:	04/29/2025
Expiration Date:	09/30/2027
Agency and Disciplinary Action*:	NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107**
Docket and Citation Number(s):	N/A
E-Prescriber:	
Controlled Substance License(s) 14219166-8913	View Controlled Substance License

This information is accurate as far as is contained in the Division's official records. It does not reflect whether an entity required to maintain a current registration with the Division of Corporations is current in that registration. You can verify such status at https://secure.utah.gov/bes/bes. Additionally, this verification does not show a complete license history or interruptions of licensure. Original issue dates listed as 01/01/1910 and 01/01/1911 were unknown at the time the Division implemented its first electronic licensing database.

*NOTE: The disciplinary documents linked to this website include final orders issued by DOPL, with the exception of citations. Click here for citations.

Give Feedback

Privacy - Terms

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: Rx.co Pharmacy, LLC

Address: 9151 S Prosperity Rd Suite 100

City: West Jordan State: UT Zip: 84081

I hereby authorize the UT DOPL to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
1421916U-1703	Active	4/29/2025	9/30/2027

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☒ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
	Pharmacy Program Specialist	UT	7/2/25	

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FR5424534	04-30-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	05-12-2025

RX.CO PHARMACY, LLC
9151 S PROSPERITY RD STE 100
WEST JORDAN, UT 840816169

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FR5424534	04-30-2028	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	05-12-2025

RX.CO PHARMACY, LLC
9151 S PROSPERITY RD STE 100
WEST JORDAN, UT 840816169

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

4JJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☒ Retail/Community	☐ Retail/Community
☒ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☒ Other: We are a non sterile compounding pharmacy and we will only be offering to mail out non sterile non controlled compounded medications for patients in Nevada after the receipt of a prescription from a physician	☒ Non-sterile Compounding
			☐ Sterile Compounding
			☒ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Innovative Rx, LLC dba Telederm.me

Physical Address: 11954 Fishers Crossing Drive

City: Fishers State: IN Zip: 46038

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 317-210-8010 Toll Free # (NAC 639.708, NRS 639.23286): 844-881-9120

Fax: 317-845-9821 Contact Email: info@innovativerxpharmacy.com

Website: www.telederm.me

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Akram Abu Mahfouz

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24723

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Akram Abu Mahfouz	NV Pharmacist Registration #: 24723
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Akram Abu Mahfouz

Business Name: Innovative Rx, LLC dba Telederm.me

Business Address: 11954 Fishers Crossing Drive

City: Fishers State: IN Zip: 46038

Telephone: 317-210-8010 Email: info@innovativerxpharmacy.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist in charge (title) for Innovative Rx, LLC dba Telederm.me (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Akram Abu Mahfouz

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

8/13/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Akram Abu Mahfouz hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in charge (title) for Innovative Rx, LLC dba Telederm.me (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 13 day of August, 2025

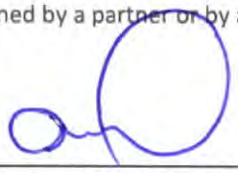
Heba Mannaa
Notary Public

HEBA MANNAA
Notary Public
Hamilton County - State of Indiana
Commission Number NP0764970
My Commission Expires Jul 31, 2033

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Akram Abu Mahfouz

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

08/13/2025

Date

Board Use Only	Date Received: 8/27/25	Amount: $500 ck 1607

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

INNOVATIVE RX LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 23, 2014, and was in existence or authorized to transact business in the State of Indiana on June 23, 2025.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

SEAL OF THE STATE OF INDIANA 1816

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 23, 2025

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

2014042300432 / 20254480082

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on July 23, 2025.

State of Indiana
Office of the Secretary of State

Certificate of Assumed Business Name
of
INNOVATIVE RX LLC

I, DIEGO MORALES, Secretary of State, hereby certify that a Certificate of Assumed Business Name of the above Domestic Limited Liability Company has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

Following said transaction, the above named entity will transact business under the assumed business name(s) of:

TELEDERM.ME

NOW, THEREFORE, with this document I certify that said transaction will become effective **Monday, February 03, 2025.**

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, **February 03, 2025.**

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

2014042300432 / 10683283

To ensure the certificate's validity, go to https://bsd.sos.in.gov/PublicBusinessSearch

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Innovative RX, LLC (DBA telederm.me)

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 11954 Fishers Corssing Dr

City Fishers State Indiana Zip 46038

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (317)210-8010 Website www.telederm.me

Licensing Company Email info@innovativerxpharmacy.com

Section 2: Personal Information

First Akram Middle Z Last Abumahfouz

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Jordan		08/1991-06/1996	
Address	City	State	Zip
Queen Rania St, Amman, Jordan			
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2021 - Present	[redacted]			
From - To (MM/YY – MM/YY)				
2006 - 2021				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Innovative RX, LLC - DBA : Telederm.me			10/2014-Present
Business Address	**City**	**State**	**Zip**
11954 Fishers Crossing Dr	Fishers	IN	46038
Phone	**Title**		**Number of Employed Hours**
(317)210-8010	Pharmacist in Charge		45/week = 25,560 hours
Description of Duties			
Responsible for the overall operation, compliance, and quality assurance of the pharmacy			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Akram Abumahfouz, **certify that as the designated representative for**

Innovative RX, LLC - DBA : Telederm.me,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AA I am at least 21 years of age;
3. AA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Akram Abumahfouz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/20/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Akram Abumahfouz

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/20/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Hamilton

I, Akram Abu Mahfouz, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/21/2025

Date

Subscribed and Sworn to before me this 21 day of August.

HEBA MANNAA
Notary Public
Hamilton County - State of Indiana
Commission Number NP0764970
My Commission Expires Jul 31, 2033

Heba Mannaa

Notary Public Signature

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Innovative RX, LLC - DBA : Telederm.me

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 11954 Fishers Crossing Dr

City Fishers State IN Zip 46038

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 317 210 8010 Website www.telederm.me

Licensing Company Email info@innovativerxpharmacy.com

Section 2: Personal Information

First Akram Middle _____ Last Abumghfouz

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Jordan		08/1991 - 06/1996	
Address	City	State	Zip
Queen Rania St, Amman, Jordan			
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2021-Present	[redacted]			
From - To (MM/YY – MM/YY)				
2006-2021				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Innovative Rx Pharmacy			10/2014 - Present
Business Address	**City**	**State**	**Zip**
11954 Fishers Crossing Drive	Fishers	IN	46038
Phone	**Title**		
317-210-8010	Pharmacist In Charge		
Description of Duties			
Responsible for the overall operation, compliance, and quality assurance of the pharmacy			

Business Name			From - To (MM/YY – MM/YY)
Noblesville Low Cost Pharmacy			7/6/2015 — Present
Business Address	**City**	**State**	**Zip**
758 Westfield Rd	Noblesville	IN	46062
Phone	**Title**		
317 231 5252	Owner		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ekram Abumahfouz
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/21/25
Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Hamilton

I, Ekram Abumahfouz, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/21/25
Date

Subscribed and Sworn to before me this 21 day of August.

Heba Mannaa
Notary Public Signature

HEBA MANNAA
Notary Public
Hamilton County - State of Indiana
Commission Number NP0764970
My Commission Expires Jul 31, 2033

(Seal)

Pharmacy
402 W. Washington Street
Indiana Government Center South, Room W072

Indianapolis, IN 46204

FACILITY
Innovative Rx, LLC
11954 Fishers Crossing Drive
Fishers IN 46038
Phone: 3175314985
Owner: Akram Abu Mahfouz
Ownership Type:

LICENSE
License No: 60006415A
Profession: Pharmacy
License Type: Pharmacy
11954 Fishers Crossing Drive
Fishers IN 46038
Phone: 3175314985

Inspection Type: Pharmacy Inspection
Inspection Date: 9/16/2024
Result: Pass

Remarks: Remodel complete, No sterile compounding

Checklist Results

Pharmacy General Information

Absence of Pharmacist

Staff/Personnel

Pharmacy Equipment/Security

References

Automated Medication Systems & Automatic Counting

AMS Automated Packaging Systems

Drug storage/labeling/destruction

Dispensing/Records Retention

Fax/e-prescribing/Transfers

Remote Order Entry and Centralized Processing

Generic Substitution

Controlled Substances

DEA Forms

INSPECT

Sterile Compounding: Policies and Procedures

Sterile Compounding: Engineering Controls

Sterile Compounding: Personnel

Sterile Compounding: Labeling/Documentation

Non-sterile Compounding

Remote Locations (Type II only)

Emergency Drug Kits/Crash Carts

Quality-Related Events/Patient Own Medications

Special Medications

Immunization Rule

Patient Confidentiality (HIPAA)

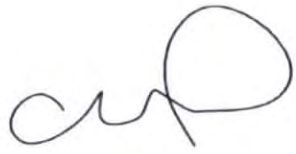
Prescription Audit

As the undersigned representative of the licensee, I affirm that the information provided during the inspection is true and accurate to the best of my knowledge. I understand that the licensee is responsible for the legal operations of the facility and I am executing this inspection form as, or on behalf of the licensee.

The alleged violator has voluntarily entered into an Opportunity to Correct Plan with the Indiana Professional Licensing Agency (PLA). Pursuant to IC 4-21.5-2.5-7, the alleged violator enters into a written Corrective Plan to correct the alleged violation(s) set forth above before the agency institutes an enforcement action which may include the filing of a Consumer Complaint with the Office of the Indiana Attorney General. Upon notice that the alleged violation(s) has been corrected, this Agency shall re-inspect not more than thirty (30) days after to determine if you have substantially complied with the applicable rule or state statute. If subsequent inspection identifies a failure to address previous violations the facility will "fail" the inspection and additional enforcement actions may be initiated against licensure.

In order to avoid additional enforcement action, the alleged violator must submit the Corrective Plan within five (5) business days after the initial inspection. A plan of corrective action can be either emailed to PLACompliance@pla.in.gov, or mailed to: Indiana Professional Licensing Agency, Attn: Compliance Division, 402 W. Washington St. RM W072, Indianapolis, IN 46204.

9/16/2024 2:25:29 PM



Signature of Inspector | Date/Time | Signature of Owner/Representative

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacy

License Number	Expire Date
60006415A	12/31/2025

Innovative Rx, LLC

Eric J. Holcomb
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Pharmacy

License Number	Expire Date
60006415A	12/31/2025

Innovative Rx, LLC

Signature _____

APPROVED AND FILED
DIEGO MORALES
INDIANA SECRETARY OF STATE
02/03/2025 03:03 PM

CERTIFICATE OF ASSUMED BUSINESS NAME

NAME AND PRINCIPAL OFFICE ADDRESS

BUSINESS ID	2014042300432
BUSINESS TYPE	Domestic Limited Liability Company
BUSINESS NAME	INNOVATIVE RX LLC
PRINCIPAL OFFICE ADDRESS	11954 Fishers Crossing Dr, Fishers, IN, 46038, USA

EFFECTIVE DATE

EFFECTIVE DATE	02/03/2025
EFFECTIVE TIME	10:00AM

ASSUMED NAME AND ADDRESS

telederm.me	11954 Fishers Crossing Dr, Fishers, IN, 46038, USA

SIGNATURE

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY **February 3, 2025.**

THE UNDERSIGNED ACKNOWLEDGES THAT A PERSON COMMITS A CLASS A MISDEMEANOR BY SIGNING A DOCUMENT THAT THE PERSON KNOWS IS FALSE IN A MATERIAL RESPECT WITH THE INTENT THAT THE DOCUMENT BE DELIVERED TO THE SECRETARY OF STATE FOR FILING.

SIGNATURE	Akram Abumahfouz
TITLE	Manager

Business ID : 2014042300432
Filing No. : 10683283

State of Indiana

Name: Innovative Rx, LLC

Line 1: 11954 Fishers Crossing Drive
Line 2:
City/State/Zip: Fishers IN 46038
County: Hamilton

Lic #:	60006415A	Profession:	Pharmacy Board	Type:	Pharmacy	Secondary:	Retail (I)
Status:	Active	Issued:	10/21/2014	Expiration:	12/31/2025	Renewed:	12/11/2023
Method:	Application						

-

Lic #:	60006415B	Name:	Innovative Rx, LLC	
License Type:	CSR-Pharmacy	License Status:	Active	Relationship: Same Licensee

No Specialty Information

Inspection Type: Pharmacy Inspection Report	Inspection Date: 10/15/2014	Inspection Grade: Pass
Inspection Type: Pharmacy Inspection Report	Inspection Date: 11/30/2016	Inspection Grade: Pass
Inspection Type: Pharmacy Inspection Report	Inspection Date: 10/12/2018	Inspection Grade: Pass
Inspection Type: Pharmacy Inspection Report	Inspection Date: 6/28/2021	Inspection Grade: Pass
Inspection Type: Pharmacy Inspection Report	Inspection Date: 6/15/2023	Inspection Grade: Pass
Inspection Type: Pharmacy Inspection Report	Inspection Date: 9/16/2024	Inspection Grade: Pass

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FI4913174	11-30-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	11-02-2023

INNOVATIVE RX, LLC
11954 FISHERS CROSSING DR
FISHERS, IN 46038

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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11954 FISHERS CROSSING DR
FISHERS, IN 46038

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Form DEA-223 (9/2016)

4KK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

4

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-Nevada	☑ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Service Modification* ☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.) * Current license #: PH_____	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☑ Retail/Community ☐ Dangerous drugs ☐ Controlled substances DEA #: PENDING ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: THE PHARMACY HUB 2 LLC

Physical Address: 2750 BRIDGE WAY BUILDING #2 SUITE #180

City: DAVIE State: FLORIDA Zip: 33314

Mailing Address (if different from physical address): - SAME -

City: - SAME - State: - SAME - Zip: - SAME -

Telephone: 888 - 343 - 3163 Toll Free # (NAC 639.708, NRS 639.23286): 888 - 343 - 3163

Fax: _____ Contact Email: KEN2@tPHRX.COM

Website: WWW.THEPHARMACYHUB.COM

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): ANTOINE MOURANI

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): AMER ABDELMAKSOUD NV #22665.

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: AMER ABDELMAKSOUD	NV Pharmacist Registration #: 22665
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: Kenwaljit S. Bains	Credentials: RPH-Pharmacist	%: 50
Name: Antoine Mourani	Credentials: RPH-Pharmacist	%: 50
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: FLORIDA / THE PHARMACY HUB 2 LLC

Parent Company (if any): THE PHARMACY HUB CORP. (Delaware).

Corporation/Organization Name: THE PHARMACY HUB CORP (Delaware)

Mailing Address: 8 THE GREEN ST, STE B

City: DOVER State: DE Zip: 19901

Telephone: 954-895-9454 Email: KEN2@TPHRX.COM

Contact Person Name: KEN BAINS

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CHIEF OPERATING OFFICER (title) for THE PHARMACY HUB 2 LLC. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

KEN BAINS (PHARMACIST / OWNER / COO

Print Name of Authorized Person

K. B

Original signature of Authorized Person (copies or stamps not accepted)

08/23/2025.

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, KEN BAINS hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CHIEF OPERATING OFFICER (title) for THE PHARMACY HUB 2 LLC. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

K. B

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 18th day of JUNE, 2025

MAKONNEN WALLEN
Notary Public • State of Florida
Commission # HH 145945
My Comm. Expires Jun 27, 2028
Bonded through National Notary Assn.

Notary Public

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KEN BAINS COO/OWNER/PHARMACIST

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

K. B

Original signature of Authorized Person (copies or stamps not accepted)

08/23/2025

Date

Board Use Only	Date Received: 9/2/25	Amount: $650 - CK 1246

Detailed statement surrounding your having been disciplined by the Michigan Board of Pharmacy

After being investigated by the Board of Pharmacy, Detroit Police Department, Department of Health, USCIS (United States Immigration Services) then having the Macomb Police Department conduct a lie detector that I passed on two occasions everyone believed the facts of what happened and I had No wrong doing. Also, they spoke to all CVS employees and after viewing countless hours of all the video tapes of me working at the CVS stores they saw no wrong doing on my behalf or any theft of medications. The Board of Pharmacy had a sit-down meeting with me to go over what happened. After I explained my side and they saw my 100hr work weeks along with No material evidence other than my coerced confession they believed the allegations to be false. They dismissed the case but one of the board members felt that I should pay at least $500 for the investigation. So, I was fined $500, I could have fought the $500 fine but that means I would have had to go to trial which made no sense since my lawyer fees had already cost me over $60K to fight the criminal, immigration, and Board of Pharmacy cases.

Detailed statements surrounding the events that took place on August 29, 2006.

I was taken by CVS loss prevention and threatened that my H1B work visa would be revoked, and I would be fired if I did not sign a statement saying I had taken a list of medications they provided me. Over several hrs. of interrogation and refusing to sign anything and telling them I had never taken or stolen anything from CVS let alone any Rx medication, I was assured that I just needed to sign a list of medication taken and nothing would be reported to the Board of Pharmacy and my work visa would remain in place. The interrogation was over several hrs., and I gave in and signed the document. They then terminated my employment and reported these false accusations to the Michigan Board of Pharmacy and Detroit Police. In my own opinion I believe there was probably theft at this store that I was working as a floater at long before I had worked at the location in Detroit. I believe there was pressure on Loss Prevention to place blame on someone once they had discovered the theft to protect themselves for the significant loss. During this time in my life I was working over 100hrs per week for CVS as a floater due to Pharmacist shortages and being pressure that my work visa would be revoked if I did not work the hours as requested by my PDM. I was very young at the time and physically and mentally exhausted, I was an easy target, young and naïve and wanting to do whatever it took to get my Green Card sponsored by CVS.

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

KENWALJIT SINGH BAINS, R.PH.
License Number: 53-02-031085 File Number: 53-06-103199

ADMINISTRATIVE COMPLAINT

NOW COMES the Michigan Department of Community Health, hereafter Complainant, by Melanie B. Brim, Director, Bureau of Health Professions, and files this Complaint against Kenwaljit Singh Bains, R.Ph., hereafter Respondent, alleging upon belief and information as follows:

1. The Michigan Board of Pharmacy, hereafter Board, is an administrative agency established by the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq. Pursuant to section 16226 of the Public Health Code, supra, the Board's Disciplinary Subcommittee is empowered to discipline licensees for violations of the Public Health Code.

2. Respondent is currently licensed to practice as a pharmacist in the state of Michigan and holds a current controlled substance license.

3. "Good moral character" is defined at Section 1 of 1974 PA 38, as amended; MCL 338.41 et seq, as the propensity on the part of the person to serve the public in the licensed area in a fair, honest, and open manner.

4. Zoloft, Viracept, Zyprexa, Norvasc, Topamax, Lipitor, Prevacid, Avandia, Seroquel, Risperdal, Depakote, Lexapro, Micardis, and Actos are prescription medications. Pregabalin (Lyrica) is a schedule 5 controlled substance.

5. From June 11, 2006, until October 10, 2006, Respondent was employed by CVS Pharmacy #8082, hereafter pharmacy, in Detroit, Michigan.

6. On October 8, 2006, a pharmacy technician alerted the store manager that Respondent was leaving with a white bag. The manager stopped Respondent and asked him what he had in the bag. Respondent stated that the bag contained medication that he was taking to another CVS pharmacy as a transfer. The manager asked him for the transfer documentation, but Respondent said he had left it on the pharmacy desk. Respondent returned to the pharmacy, then left without the bag of medication.

7. On October 10, 2006, in an interview with Loss Prevention for the pharmacy, Respondent admitted verbally and in a written statement to stealing Zelnorm and other medications from the pharmacy during his employment. He stated that the Zelnorm was for his wife, and that he gave the other medications to the purchasers of a pharmacy he had previously owned, to pay a debt he owed them. Respondent made a

list of the medications he had stolen, which included Viracept, Zyprexa, Norvasc, Topamax, Lipitor, Prevacid, Avandia, Seroquel, Lyrica, Risperdal, Depakote, Lexapro, Micardis, Zoloft, and Actos. He also signed a promissory note for those medications, which had a total retail value of $10,250.00. Respondent was then terminated from his employment and the theft was reported to the Detroit (Michigan) Police Department.

8. On October 15, 2006, pursuant to section 20175(5)(a) of the Public Health Code, supra, the pharmacy notified Complainant of Respondent's termination.

COUNT I

Respondent's conduct, as set forth above, constitutes a violation of general duty, consisting of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals whether or not injury results, in violation of section 16221(a) of the Public Health Code, supra.

COUNT II

Respondent's conduct, as set forth above, evidences a departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for the health profession, whether or not actual injury to an individual occurs, in violation of section 16221(b)(i) of the Public Health Code, supra.

COUNT III

Respondent's conduct, as set forth above, evidences a lack of good moral character, in violation of section 16221(b)(vi) of the Public Health Code, supra.

COUNT IV

Respondent's conduct, as set forth above, evidences obtaining, possessing, or attempting to obtain or possess a controlled substance as defined in section 7104 or drug as defined in section 7105 without lawful authority, and/or selling, prescribing, giving away or administering drugs for other than lawful diagnostic or therapeutic purposes, in violation of section 16221(c)(iv) of the Public Health Code, supra.

WHEREFORE, Complainant requests that the within Complaint be served upon Respondent and that Respondent be offered an opportunity to show compliance with all lawful requirements for retention of the license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq.

RESPONDENT IS HEREBY NOTIFIED that pursuant to section 16231(7) of the Public Health Code, supra, Respondent has 30 days from the date of receipt of this Complaint to submit a written response to the allegations contained herein. The written response shall be submitted to Complainant, Melanie B. Brim, Director, Bureau

of Health Professions, Department of Community Health, P.O. Box 30670, Lansing, MI 48909.

RESPONDENT IS FURTHER NOTIFIED that pursuant to section 16231(8) of the Public Health Code, supra, Respondent's failure to submit a written response within 30 days, as noted above, shall be treated as an admission of the allegations contained herein and shall result in transmittal of the Complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

DATED: April 5, 2007

Melanie B. Brim

Melanie B. Brim, Director
Bureau of Health Professions

This is the last and final page of an Administrative Complaint in the matter of Kenwaljit Singh Bains, R.Ph., File Number 53-06-103199, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included.

SR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

Date: April 10, 2007

Kenwaljit Singh Bains, R.Ph.
[redacted]

Re: File Number: Number: 53-06-103199

Dear Mr. Bains:

Enclosed is a copy of an Administrative Complaint alleging that you have violated the Public Health Code. **YOU MUST RESPOND TO THE COMPLAINT WITHIN 30 DAYS FROM THE DATE YOU RECEIVED THE COMPLAINT.** Failure to submit a timely written response will result in the Complaint being transmitted directly to your board's Disciplinary Subcommittee (DSC) for imposition of a sanction.

At the time of your written response to the Complaint, you may:

- Request that a Board conferee be contacted for a proposed settlement in resolution of this matter; or
- Attend a compliance conference. This is an informal opportunity to meet with me to present evidence demonstrating compliance with the Public Health Code, or present mitigating information not contained in your written response for purposes of settlement. (Please use the enclosed form to request a compliance conference.); or
- Proceed to a formal administrative hearing before an administrative law judge. After taking testimony, the administrative law judge will determine if a violation of the Public Health Code occurred. The hearing record will be forwarded to the DSC for consideration.

In order to exercise any of these options, you must respond to the Complaint in writing within 30 days of the date you received this information. You may obtain legal representation at your expense. If you have any questions regarding this matter, please contact me, during normal business hours, at the direct line listed below.

Sincerely,

Debra Wright-Chambers 517 241-1431

Debra Wright-Chambers
Enforcement Section
Bureau of Health Professions
Telephone: (517) 335-6524

Enclosures

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

In the matter of	Docket No.	2007-699
Bureau of Health Professions, Petitioner	Agency No.	53-06-103199
v Kenwaljit Singh Bains, R.Ph., Respondent	Agency:	Department of Community Health
_____/	Case Type:	Complaint Board of Pharmacy

Issued and entered
this 24th day of September, 2007
by Roger E. Winkelman
Administrative Law Judge

ORDER DISMISSING CASE AND ACKNOWLEDGING SETTLEMENT

On September 17, 2007, the parties herein requested that the hearing in the above captioned matter be dismissed. A copy of the Stipulation Acknowledging Settlement is attached and made a part of this Order.

NOW THEREFORE, IT IS ORDERED that the hearing in the above captioned matter is dismissed without prejudice. Accordingly, we have removed this case from our formal hearing docket, cancelled the hearing and are closing our file in this matter.

Roger E. Winkelman
Administrative Law Judge

PROOF OF SERVICE

I hereby state, to the best of my knowledge, information and belief, that a copy of the foregoing document was served upon all parties and/or attorneys of record in this matter by Inter-Departmental mail to those parties employed by the State of Michigan and by UPS/Next Day Air, facsimile, and/or by mailing same to them via first class mail and/or certified mail, return receipt requested, at their respective addresses as disclosed by the file on the 24th day of September, 2007.

Tina E. Watson
State Office of Administrative Hearings and Rules

Jack Blumenkopf
Department of Attorney General
Health Professionals Division
3030 W. Grand Boulevard
Cadillac Place, 10th Floor
Detroit, MI 48226

James W Burdick
James W. Burdick PC
1760 South Telegraph R.d
Suite 300
Bloomfield Hills, MI 48302

Kenwaljit Singh Bains, R.Ph.
[redacted]

Bureau of Health Professions
c/o Robert C. Miller
Ottawa Building, 1st Floor
P.O. Box 30670
Lansing, MI 48909

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONALS
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of:

KENWALJIT SINGH BAINS, RpH
File No. 53-06-103199

Docket No. 2007-699

STIPULATION ACKNOWLEDGING SETTLEMENT

The Parties have signed a proposed consent order and stipulation to resolve this case. The proposed consent order was forwarded to the Disciplinary Subcommittee of the Board of Pharmacy on 9/17/07

Jack Blumenkopf
Assistant Attorney general

Dated: 9/17/07

James W. Burdick
Attorney for Respondent

Dated: 9/17/07

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STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

KENWALJIT SINGH BAINS, R.Ph.
_____/

Complaint No. 53-06-103199
CONSENT ORDER AND STIPULATION

CONSENT ORDER

An administrative complaint was filed with the Disciplinary Subcommittee of the Board of Pharmacy on April 5, 2007, charging Kenwaljit Singh Bains, R.Ph. (Respondent), with having violated sections 16221(a), (b)(i), (b)(vi), and (c)(iv) of the Public Health Code, 1978 PA 368, as amended, MCL 333.1101 *et seq.*

The parties have stipulated that the Disciplinary Subcommittee may enter this consent order. The Disciplinary Subcommittee has reviewed the stipulation contained in this document and agrees that the public interest is best served by resolution of the outstanding complaint. Therefore, the Disciplinary Subcommittee finds that the allegations of fact contained in Count I of the complaint are true and that Respondent has violated section 16221(a) of the Public Health Code.

Accordingly, for this violation, IT IS ORDERED:

Respondent is FINED $500.00 to be paid by check, money order or cashier's check made payable to the State of Michigan (with complaint number 53-06-103199 clearly indicated on the check or money order) within 120 days from the effective date of this order. The timely payment of the fine shall be Respondent's responsibility.

Counts II, III and IV, alleging a violation of sections 16221(b)(i), (b)(vi), and (c)(iv) of the Public Health Code, are DISMISSED.

This order shall be effective on the date signed by the Chairperson of the Disciplinary Subcommittee or the Disciplinary Subcommittee's authorized representative, as set forth below.

Signed on November 5, 2007.

MICHIGAN BOARD OF PHARMACY

By Melanie B Brum for
Chairperson, Disciplinary Subcommittee

STIPULATION

The parties stipulate as follows:

1. Respondent does not contest the allegations of fact and law contained in Count I of the complaint. Respondent understands that, by pleading no contest, he does not admit the truth of

the allegation but agrees that the Disciplinary Subcommittee may treat the allegation as true for resolution of the complaint and may enter an order treating the allegation as true.

2. Respondent understands and intends that, by signing this stipulation, he is waiving the right under the Public Health Code, rules promulgated under the Public Health Code, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended, MCL 24.201 *et seq*, to require the Department to prove the charges set forth in the complaint by presentation of evidence and legal authority, and to present a defense to the charges before the Disciplinary Subcommittee or its authorized representative. Should the Disciplinary Subcommittee reject the proposed consent order, the parties reserve the right to proceed to hearing.

3. The Disciplinary Subcommittee may enter the above consent order, which Board conferee Laura Shaw, R. Ph. supports. Ms. Shaw, the Department's representative or the Assistant Attorney General from the Licensing and Regulation Division are free to discuss this matter with the Disciplinary Subcommittee in order to recommend acceptance of this resolution.

4. The Board Conferee and the parties considered the following factors in reaching this agreement:

A. Respondent has at all times vigorously denied he stole any drugs or anything else and, at all times, has insisted that the "confession" referenced in the complaint was coerced. He has agreed to enter into this consent order in order to finally resolve this matter.

B. But for this matter, Respondent otherwise has had an exemplary record as a pharmacist.

5. This consent order incorporates the conditions of a counteroffer made by the Disciplinary Subcommittee at its meeting held on October 10, 2007.

By signing this stipulation, the parties confirm that they have read, understand and agree with the terms of the consent order.

AGREED TO BY:

Jack Blumenkopf (P24042)
Assistant Attorney General
Attorney for Complainant
Dated: 10/22/07

AGREED TO BY:

Kenwaljit Singh Bains, R.Ph.
Respondent

Dated: Oct 16th /2007

James W. Burdick (P11397)
Attorney for Respondent
Dated: OCT. 16, 2007

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

KENWALJIT SINGH BAINS, R.PH.
License Number: 53-02-031085

File Number: 53-06-103199

ADMINISTRATIVE COMPLAINT

NOW COMES the Michigan Department of Community Health, hereafter Complainant, by Melanie B. Brim, Director, Bureau of Health Professions, and files this Complaint against Kenwaljit Singh Bains, R.Ph., hereafter Respondent, alleging upon belief and information as follows:

1. The Michigan Board of Pharmacy, hereafter Board, is an administrative agency established by the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq. Pursuant to section 16226 of the Public Health Code, supra, the Board's Disciplinary Subcommittee is empowered to discipline licensees for violations of the Public Health Code.

2. Respondent is currently licensed to practice as a pharmacist in the state of Michigan and holds a current controlled substance license.

3. "Good moral character" is defined at Section 1 of 1974 PA 38, as amended; MCL 338.41 et seq, as the propensity on the part of the person to serve the public in the licensed area in a fair, honest, and open manner.

4. Zoloft, Viracept, Zyprexa, Norvasc, Topamax, Lipitor, Prevacid, Avandia, Seroquel, Risperdal, Depakote, Lexapro, Micardis, and Actos are prescription medications. Pregabalin (Lyrica) is a schedule 5 controlled substance.

5. From June 11, 2006, until October 10, 2006, Respondent was employed by CVS Pharmacy #8082, hereafter pharmacy, in Detroit, Michigan.

6. On October 8, 2006, a pharmacy technician alerted the store manager that Respondent was leaving with a white bag. The manager stopped Respondent and asked him what he had in the bag. Respondent stated that the bag contained medication that he was taking to another CVS pharmacy as a transfer. The manager asked him for the transfer documentation, but Respondent said he had left it on the pharmacy desk. Respondent returned to the pharmacy, then left without the bag of medication.

7. On October 10, 2006, in an interview with Loss Prevention for the pharmacy, Respondent admitted verbally and in a written statement to stealing Zelnorm and other medications from the pharmacy during his employment. He stated that the Zelnorm was for his wife, and that he gave the other medications to the purchasers of a pharmacy he had previously owned, to pay a debt he owed them. Respondent made a

list of the medications he had stolen, which included Viracept, Zyprexa, Norvasc, Topamax, Lipitor, Prevacid, Avandia, Seroquel, Lyrica, Risperdal, Depakote, Lexapro, Micardis, Zoloft, and Actos. He also signed a promissory note for those medications, which had a total retail value of $10,250.00. Respondent was then terminated from his employment and the theft was reported to the Detroit (Michigan) Police Department.

8. On October 15, 2006, pursuant to section 20175(5)(a) of the Public Health Code, supra, the pharmacy notified Complainant of Respondent's termination.

COUNT I

Respondent's conduct, as set forth above, constitutes a violation of general duty, consisting of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals whether or not injury results, in violation of section 16221(a) of the Public Health Code, supra.

COUNT II

Respondent's conduct, as set forth above, evidences a departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for the health profession, whether or not actual injury to an individual occurs, in violation of section 16221(b)(i) of the Public Health Code, supra.

COUNT III

Respondent's conduct, as set forth above, evidences a lack of good moral character, in violation of section 16221(b)(vi) of the Public Health Code, supra.

COUNT IV

Respondent's conduct, as set forth above, evidences obtaining, possessing, or attempting to obtain or possess a controlled substance as defined in section 7104 or drug as defined in section 7105 without lawful authority, and/or selling, prescribing, giving away or administering drugs for other than lawful diagnostic or therapeutic purposes, in violation of section 16221(c)(iv) of the Public Health Code, supra.

WHEREFORE, Complainant requests that the within Complaint be served upon Respondent and that Respondent be offered an opportunity to show compliance with all lawful requirements for retention of the license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq.

RESPONDENT IS HEREBY NOTIFIED that pursuant to section 16231(7) of the Public Health Code, supra, Respondent has 30 days from the date of receipt of this Complaint to submit a written response to the allegations contained herein. The written response shall be submitted to Complainant, Melanie B. Brim, Director, Bureau

of Health Professions, Department of Community Health, P.O. Box 30670, Lansing, MI 48909.

RESPONDENT IS FURTHER NOTIFIED that pursuant to section 16231(8) of the Public Health Code, supra, Respondent's failure to submit a written response within 30 days, as noted above, shall be treated as an admission of the allegations contained herein and shall result in transmittal of the Complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

DATED: April 5, 2007

Melanie B. Brim

Melanie B. Brim, Director
Bureau of Health Professions

This is the last and final page of an Administrative Complaint in the matter of Kenwaljit Singh Bains, R.Ph., File Number 53-06-103199, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included.

SR

THE PHARMACY HUB 2 LLC
2750 BRIDGE WAY,
Building #2, SUITE #180
DAVIE, FLORIDA, 33314

CORPORATE STRUCTURE

THE PHARMACY HUB CORP – State of Delaware Incorporation
THE PHARMACY HUB 2 LLC – State of Florida Incorporation

ANTOINE MOURANI Rph.
CEO/Owner/Pharmacist in Charge
50% OWNER
Business Address: 2750 Bridge Way, Building #2, Suite #180, Davie, FL, 33314
[redacted]

KENWALJIT BAINS Rph.
COO/Owner/Pharmacist
50% OWNER
Business Address: 2750 Bridge Way, Building #2, Suite #180, Davie, FL, 33314
[redacted]

State of Florida
Department of State

I certify from the records of this office that THE PHARMACY HUB 2 LLC is a limited liability company organized under the laws of the State of Florida, filed on March 11, 2025.

The document number of this limited liability company is L25000119999.

I further certify that said limited liability company has paid all fees due this office through December 31, 2025 and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-first day of May, 2025

Secretary of State

Tracking Number: 1341015917CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Electronic Articles of Organization
For
Florida Limited Liability Company

L25000119999
FILED 8:00 AM
March 11, 2025
Sec. Of State
rlrichardson

Article I

The name of the Limited Liability Company is:

THE PHARMACY HUB 2 LLC

Article II

The street address of the principal office of the Limited Liability Company is:

2750 BRIDGE WAY
DAVIE, FL. US 33314

The mailing address of the Limited Liability Company is:

2750 BRIDGE WAY BUILDING 2
DAVIE, FL. US 33314

Article III

The name and Florida street address of the registered agent is:

NORTHWEST REGISTERED AGENT LLC
7901 4TH ST N STE 300
ST. PETERSBURG, FL. 33702

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: TAYLOR NEWMAN

Article IV

L25000119999
FILED 8:00 AM
March 11, 2025
Sec. Of State
rlrichardson

The name and address of person(s) authorized to manage LLC:

Title: MGR
THE PHARMACY HUB CORP
8 THE GREEN ST STE B
DOVER, DE. 19901 US

Signature of member or an authorized representative

Electronic Signature: NAT SMITH

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler The Pharmacy Hub 2 LLC

Pharmacy/Wholesaler License # (if applicable) PH35741

Physical Address 2750 Bridge Way, Building 2

City Davie State FL Zip 33314

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 954-736-3992 Website www.thepharmacyhub.com

Licensing Company Email Ken2@tphrx.com

Section 2: Personal Information

First Antoine Middle Semaan Last Mourani

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Ohio Northern University		09/99 - 05/03	
Address	**City**	**State**	**Zip**
525 Main St	Ada	OH	45810
Diploma/Degree obtained, if any			
BS in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Wayne State University		09/96 - 06/98	
Address	**City**	**State**	**Zip**
42 W Warren Ave	Detroit	MI	48202
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Fordson High School		08/91 - 06/96	
Address	**City**	**State**	**Zip**
13800 Ford Rd	Dearborn	MI	48126
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/21 – Present	[redacted]			
01/18 – 12/21				
03/16 – 12/17				
07/12 – 06/14				
04/12 – 06/12				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
The Pharmacy Hub			11/22 – Present
Business Address	**City**	**State**	**Zip**
15600 NW 15th Ave, ste C	Miami Gardens	FL	33169
Phone	**Title**	**Number of Employed Hours**	
305-731-2318	CEO - Pharmacist	5000	
Description of Duties			
Daily duties of running the business and working with team members to ensure medication orders are filled accurately and in a timely manner.			

Business Name			From - To (MM/YY – MM/YY)
A Plus Pharmacy and Medical Supply			04/17 – 10/22
Business Address	**City**	**State**	**Zip**
1303 SE 17th St	Ft Lauderdale	FL	33316
Phone	**Title**	**Number of Employed Hours**	
954-687-0774	Founder / Pharmacist	8000	
Description of Duties			
Daily duties of running the pharmacy, dispensing prescriptions, counseling patients and maintaining the pharmacy.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Antoine Mourani, **certify that as the designated representative for**

The Pharmacy Hub 2 LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Antoine Mourani
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/26/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 369.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at the public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Antoine Mourani

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06 - 03 - 2025

Date

Please have this section completed in the presence of a Notary Public

State of Florida, ss. County of Broward

I, Antoine Mourani, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06 - 03 - 2025

Date

Subscribed and Sworn to before me this 3rd day of June 2025.

MAKONNEN WALLEN
Notary Public - State of Florida
Commission # HH 145945
My Comm. Expires Jun 27, 2025
Bonded through National Notary Assn.

Notary Public Signature

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site THE PHARMACY HUB 2 LLC.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) FLORIDA PERMIT# PH 35741

Physical Address 2750 BRIDGE WAY, Building #2, Suite #180

City DAVIE State FLORIDA Zip 33314

Mailing Address (if different from physical address) - SAME

City - SAME - State - SAME - Zip - SAME -

Telephone 888-343-3163 Website WWW.THEPHARMACYHUB.COM

Licensing Company Email KEN2@TPHRX.COM.

Section 2: Personal Information

First KENWALJIT Middle SINGH Last BAINS

Alias(es, nicknames, name changes, etc.) KEN, KENNY

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Belle River District High School				
Address		City	State	Zip
333 South St.		Belle River	ONTARIO	N0R-1A0
Diploma/Degree obtained, if any				
High School Diploma.			CANADA	

School Name			From - To (MM/YY – MM/YY)	
WAYNE STATE UNIVERSITY			09/1996 - 05/2002	
Address		City	State	Zip
42 W. WARREN AVE			MI	48202
Diploma/Degree obtained, if any				
Bsc of Allied Health Sciences & Bsc. of PHARMACY.				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2015 - Present	[redacted]			
03/2010 - 10/15				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
THE PHARMACY HUB 2 LLC			04/25 - Present
Business Address	**City**	**State**	**Zip**
2750 BRIDGE WAY, BLDG #2, Suite #180	DAVIE	FL	33314
Phone	**Title**		
954-895-9454	Co-Founder / COO / Pharmacist.		
Description of Duties			
OWNER - New Startup, all facets of Operations.			

Business Name			From - To (MM/YY – MM/YY)
THE PHARMACY HUB LLC			01/22 - Present.
Business Address	**City**	**State**	**Zip**
15600 NW 15th Ave, Suite C	Miami	FL	33169
Phone	**Title**		
954-895-9454	Co-Founder / COO / Pharmacist-IN-CHARGE		
Description of Duties			
Owner - Chief Operatin Office - all facets of Operations.			

Business Name			From - To (MM/YY – MM/YY)
MEDZDIRECT PHARMACY			10/15 - Present.
Business Address	**City**	**State**	**Zip**
1005 NE 125th STREET Suite 207	N. Miami	FL	33161
Phone	**Title**		
786-347-0365	Director of Pharmacy Operation		
Description of Duties			
- Manage Day to Day Operation & staff. Report to CEO & make sure we exceed all yearly KPI's while remaining			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
		MI	DETROIT	WAYNE
Case # See Attached		Governing, licensing, Arresting Presiding Body/Agency/Court: STATE OF MICHIGAN / Detroit Police Dept / MI Board of Pharmacy		
Reason/Charge: LARCENY BY DIVERSION - CRIMINAL CASE - MI BOARD OF PHARMACY $500 FINE				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below: PLEASE SEE ATTACHED DOC'S.

This fine was disclosed and the Nevada Board Reviewed it and approved Non-Resident Permit # PH04452. Please see all attached documents.

K. B

Original Signature (electronic, copies or stamps not accepted)

8/26/2025.

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 369.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at the public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Antoine Mouriani

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06-03-2025

Date

Please have this section completed in the presence of a Notary Public

State of FLORIDA, ss. County of BROWARD

I, MAKONNEN WALLEN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06-03-2025

Date

Subscribed and Sworn to before me this 3RD day of June, 2025.

Notary Public Signature

MAKONNEN WALLEN
NOTARY PUBLIC - STATE of FLORIDA
Commission # HH 143943
My Comm. Expires Jun 27, 2028
Bonded through National Notary Assn.

(Seal)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 30694
Insp # 205839

NAME	PERMIT NUMBER	DATE OF INSPECTION
THE PHARMACY HUB 2 LLC	35741	06/17/2025
DOING BUSINESS AS		
STREET ADDRESS 2750 Bridge Way Building #2 Suite #180	**TELEPHONE #** 954-895-9454	**EXT**
CITY DAVIE	**COUNTY** BROWARD	**STATE/ZIP** FL/33314

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 10AM TO 7PM
Monday Y	Monday Hours 10AM TO 7PM
Tuesday Y	Tuesday Hours 10AM TO 7PM
Wednesday Y	Wednesday Hours 10AM TO 7PM
Thursday Y	Thursday Hours 10AM TO 7PM
Friday Y	Friday Hours 10AM TO 7PM
Saturday N	Sunday N
Sunday Hours 10AM TO 5PM	

Registered Pharmacist / Intern / Tech

License # Antoine Mourani	Licensee Name PS54673
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # Need to apply for it once we ge the FL permit	

License Relations

Pharmacy Affiliate

BAINS, KENWALJIT SINGH	License # 40931
MOURANI, ANTOINE	License #

RX DPT MGR/COR/POR

MOURANI, ANTOINE	License # 54673

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081(2), F.A.C.]	Yes
"Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] [64B16-28.1035, F.A.C.]	Yes

Community Requirements General Section

Outdated medications removed from active stock. [64B16-28.110, F.A.C.] [64B16-28.1191, F.A.C.] *No Medication On-site*	N/A

INV359 - Community Requirements

Insp # 205839

THE PHARMACY HUB 2 LLC

File # 30694

Prescription Department is open for a minimum of 20 hours per week. [64B16-28.1081(1), F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c), F.S.] [21CFR1306.05] *Pharmacy is currently not operating as of yet*	N/A
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)] [64B16-28.140(3)(d), F.A.C.]	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102(5)(a), F.A.C.]	Yes
Technicians properly identified. [64B16-27.100(2), F.A.C.] [64B16-27.4001, F.A.C.] [64B16-27.410, F.A.C.] [64B16-27.420, F.A.C.]	Yes
Legend drugs properly stored within confines of pharmacy department and maintained at appropriate temperature to preserve therapeutic activity. [64B16-28.118, F.A.C.]; [64B16-28.120, F.A.C.]; [64B16-28.102, F.A.C.]	N/A
Documentation of destruction or return of controlled substances. [64B16-28.303, F.A.C.]	N/A
Generic equivalent sign is posted. [465.025(7), F.S.]	Yes

Additional Community Requirements

Prescription department is operating under clean, sanitary, and uncrowded health conditions. [64B16-28.102, F.A.C.]	Yes
Prescription department has a sink with running water easily accessible to the prescription counter. [64B16-28.102, F.A.C.]	Yes
Pharmacist is on the premises and on duty when the prescription department is open. [64B16-28.109, F.A.C.]	Yes
Pharmacy maintains a written policy and procedure manual regarding the number of registered pharmacy technician positions and the pharmacy operates within the established ratio as defined by rule. [64B16-27.410(2)(a), F.A.C.]	Yes
Pharmacists, technicians, and interns are licensed in the State of Florida. [465.015(1)(a), F.S.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	Yes
Medication is properly labeled for dispensing to patient. [64B16-28.108, F.A.C.]	N/A
Unclaimed prescriptions are maintained in stock for no more than one year past dispensing date. [64B16-28.1191, F.A.C.]	N/A
Manufacturer containers are properly labeled. [499.003(26), F.S.]	N/A
Customized medication packages are labeled properly with beyond use date of not more than 120 days from the date of preparation but not later than the beyond use date for any of the medications in the package. [64B16-28.108(6)9., F.A.C.]	N/A
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and quarterly summarization of Quality-Related Events are available for inspection. [64B16-27.300, F.A.C.] [766.101(1)(a)(l), F.S.]	N/A
Pharmacy maintains patient profile with allergy information and medications dispensed. [64B16-27.800, F.A.C.]	Yes
Compounding records include compounding date, lot number, expiration date, name and manufacturer of ingredients, package size, number of units, technician compounding and pharmacist verifying the final compound. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005, F.S.] [61N-1.012, F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005(14), F.S.] *Wholesaler: McKesson*	Yes
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility. [64B16-27.700(3)(g), F.A.C.]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek follow-up care from his or her primary care physician. [465.1895(9), F.S.]	Yes
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S.]	Yes

Requirements for Dispensing Controlled Substances

Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.] [21CFR1304.11] *Pharmacy is currently not operating as of yet*	N/A
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2), F.S.] [21CFR 1305.13(e)] [21CFR1305.22(g)]	N/A
Controlled substance records and prescription information in computer system are retrievable and maintained for 4 years. [465.022(12)(a), F.S.] [64B16-28.140, F.A.C.] [21CFR1306.22] [21CFR1304.04]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b), F.S.] [465.022(11)(b), F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4)(3)(a), F.S.]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	
Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Pharmacy engages in Centralized Prescription Filling [64B16-28.450, F.A.C.]

INV359 - Community Requirements

Insp # 205839

THE PHARMACY HUB 2 LLC

File # 30694

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197(3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

HIV Infection Prevention Drugs

Pharmacists are screening, ordering or dispensing HIV postexposure prophylaxis drugs under a written Collaborative Practice Agreement. [465.1861, F.S.]	
An access-to-care plan has been submitted to the board office and is in place to assist patients in gaining access to appropriate care settings when they present to a pharmacist for HIV screening and indicate that they lack regular access to primary care. [465.1861, F.S.]	

Remarks:

Inspection Completed with Pharmacist Ken Bains

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

MENDEZ, JUAN CARLOS

JCM

Date:6/17/2025

Representative:

Ken Bains

KB

Date:6/17/2025

Your license number is PH 35741.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
05/27/2025	**PH 35741**	**155575**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

EXPIRATION DATE: **FEBRUARY 28, 2027**

THE PHARMACY HUB 2 LLC
2750 BRIDGE WAY
BUILDING #2 SUITE #180
DAVIE, FL - 33314

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
05/27/2025	**PH 35741**	**155575**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

THE PHARMACY HUB 2 LLC Expiration Date: **FEBRUARY 28, 2027**

REGISTRANT SIGNATURE

1641

Department of Health

THE PHARMACY HUB 2 LLC

License Number: PH35741

Data As Of 8/23/2025

Profession	Pharmacy
License	PH35741
License Status	Clear/
Qualifications	Schedule II & III Community Pharmacy
License Expiration Date	2/28/2027
License Original Issue Date	05/07/2025
Address of Record	2750 Bridge Way Building #2 Suite #180 DAVIE, FL 33314
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

THE PHARMACY HUB 2 LLC
2750 Bridge Way, Building #2, Suite #180
Davie, Florida
33314

List of all pharmacy permits / licenses held in other states:

State	License Number	Issue Date	Expire Date
FLORIDA	**PH35741**	**05/07/2025**	**02/28/2027**
SOUTH DAKOTA	**400-2584**	**06/16/2025**	**06/30/2026**
NEW YORK	**041803**	**05/30/2025**	**04/30/2028**
VERMONT	**036.0134996**	**06/13/2025**	**07/31/2027**
WEST VIRGINIA	**MO0562212**	**08/26/2025**	**06/30/2027**
MISSISSIPPI	**18816**	**06/24/2025**	**12/31/2027**
PENNSYLVANIA	**NP002342**	**07/10/2025**	**08/31/2027**
MONTANA	**PHA-MOP-LIC-116616**	**06/26/2025**	**11/30/2025**
ARIZONA	**Y010161**	**08/08/2025**	**10/31/2026**
TENNESSEE	**00008104**	**07/18/2025**	**07/31/2027**
WYOMING	**NR-52589**	**08/01/2025**	**06/30/2026**
WASHINGTON	**PHNR.FO.70023502**	**08/26/2025**	**05/31/2026**
NEW JERSEY	**28RO00268300**	**05/28/2025**	**06/30/2026**
MICHIGAN	**5301013750**	**08/21/2025**	**08/21/2027**
IOWA	**5879**	**07/31/2025**	**12/31/2025**
INDIANA	**64003777A**	**07/29/2025**	**12/31/2025**
IDAHO	**6771965**	**07/07/2025**	**12/31/2026**

4LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

Section 1: Select the following that applies to you.

- ☐ I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)
- ☐ I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)
- ☒ I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)

Section 2: General Information

First: Benny Middle: Roy Last: Winland Jr

NV Pharmacist Registration # 24659

Telephone: [redacted] Email: [redacted]

Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information

Pharmacy/State Government Entity Name: _____

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity): _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Contact Name: _____

Employer Contact Telephone: _____ Employer Contact email: _____

Section 4: Employer Information

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

OptumRX, Inc

Address: 1650 Spring Gate Ln

City: Las Vegas State: NV Zip: 89134

Employer Contact Name: Petros Tagvoryan

Employer Contact Telephone: 818.692.2623 Employer Contact email: Petros.Tagvoryan@adeccona.com

Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)

Name of Site (if applicable): Remote position - Home

Address: 1350 N Town Center Dr, Unit 2035

City: Las Vegas State: NV Zip: 89144

Country/Territory/Province: USA

Is this a medical, residential, or business site? ☐ Medical ☒ Residential ☐ Business

Days of the week and hours services will be provided at this site? Monday through Friday, 10 AM to 7PM PDT (varied shifts)

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

Serve as a clinical resource remotely, reviewing prior authorizations and collaborating with pharmacy technicians and healthcare providers to gather, clarify, and assess clinical information.
Make timely, evidence-based coverage determinations in accordance with federal, state, and organizational guidelines.
Consult with prescribers and providers to clarify clinical questions and provide policy-compliant decisions on prior authorization requests.Provide guidance on appropriate medication use and recommend cost-effective, formulary-compliant alternatives to optimize patient care.Ensure compliance with all applicable pharmacy laws, Medicare Part D, Medicaid, and commercial policies, and document decisions per internal protocols.
Apply critical thinking and clinical judgment using established guidelines and benefit policies to make consistent, accurate determinations.

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

The pharmacist provides services to OptumRx members indirectly by reviewing and processing prior authorization requests submitted by healthcare providers and pharmacy technicians. Services are designed to ensure safe, effective, and guideline-compliant medication use for patients while supporting prescribers and internal pharmacy staff in coverage decisions.

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

Hardware: - Laptop w/ docking station Keyboard/Mouse combo 2 Monitors w/ adapters USB headset Ethernet cable Surge protector
- Clinical guidelines
-Lexicomp
-ClinPharm
- Patient formularies Internal protocols

4. Provide an explanation of the policy for users of the services when you are unavailable.

When the pharmacist is unavailable, prior authorization requests and inquiries will be handled by the OptumRx Prior Authorization team according to internal procedures. All cases are routed through the department' s workflow system, ensuring continuity of service, timely responses, and clinical oversight by other qualified pharmacists or supervisors as needed.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

All patient information is stored on a company laptop in accordance with OptumRx company procedures.
-4 week dedicated training period prior to participating in clinical work which includes HIPAA compliance training specific to this position. - Internet is hardwired into a physical router.- Home office is private, confidential, and free from distractions or interruptions.-Password protection and security measures as determined by OptumRX policy and procedures-Computer will not be left unattended without securing the workstation
-Outside of business hours the computer will be stored in a secured, locked location disconnected from the internet.
In order to secure this position the employee (named in section 1) has passed a urine drug screen and background check.

6. Provide a description of the business plan for the services provided.

The services will be performed as part of my role as a Prior Authorization Pharmacist for OptumRx, Inc. I will assume the duties and responsibilities assigned by the company, following internal policies, protocols, and procedures to provide clinical pharmacy services, including reviewing prior authorizations, consulting with prescribers, and documenting case decisions in accordance with company and regulatory requirements
In addition to professional liability coverage provided by OptumRx as an employee, the applicant additionally maintains independent professional liability insurance through HPSO with policy valid 7/27/2025 to 7/27/2026, proof of which can be provided at request of the board.

Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.

A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Benny Winland Jr

Print Name

Original Signature, no copies or stamps accepted

8/21/2025

Date

Board Use Only	Date Received: 8/26/25 For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file. For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda.

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ANNUAL DISCIPLINE CASES Reporting Period: January 2025 – September 2025			
FINDING	**HARM**	**DISCIPLINE INDIVIDUAL**	**DISCIPLINE FACILITY**
SY was engaged to serve as medical director of a practice that allowed unlicensed persons to access, possess, furnish and administer dangerous drugs without a direct practitioner supervision, including drug products intended for distribution in foreign markets and not approved in the U.S.	No	Certificate of Registration No. CS27231, is placed on probation for a period of one year subject to the following conditions: 1) public reprimand; 2) $2,500 fine; and 3) assessed $1,000 for attorney's fees and costs.	N/A
MH was engaged to serve as medical director of a practice that allowed unlicensed persons to access, possess, furnish and administer dangerous drugs without a direct practitioner supervision, including drug products intended for distribution in foreign markets and not approved in the U.S.	No	Certificate of Registration No. CS22622 is suspended. The suspension is stayed, and Respondent is placed on probation for a period of one year subject to the following conditions: 1) public reprimand; 2) $2,500 fine; and 3) assessed $1,000 for attorney's fees and costs.	N/A
JG pled guilty pursuant to a plea agreement and was convicted on one felony count of conspiracy in United States of America v. Jeffrey Dave Gress, United States District Court for Central District of California, Case 8:18-cr-00014-JLS. Respondent subsequently surrendered his DEA Registration No. FG3245455 by executing a DEA Form 104	No	Certificate of Registration No. CS20182 is revoked; Respondent may not petition for reinstatement for a period of one year from the effective date of the Order. Respondent fined $5,000and assessed $1,000 for attorney's fees and costs.	N/A
WP dispensed a prescription with erroneous directions for use which resulted in negative outcome to patient and failed to properly document medication counseling.	Yes	N/A	Respondent fined $1,000 and assessed $500 for attorney's fees and costs.
WH performed data entry review and final product verification of a prescription and failed to detect erroneous directions for use which resulted in a negative outcome to the patient.	Yes	Respondent fined $1,000 and assessed $500 for attorney's fees and costs.	N/A

HB failed to properly document medication counseling for a prescription.	Yes	Respondent fined $1,000 and assessed $500 for attorney's fees and costs.	N/A
NSP compounded and dispensed drug products for 64 patients located in Nevada without holding a Nevada Pharmacy license, and the prescriptions dispensed may not have been compounded in compliance with Nevada Law.	No	N/A	Respondent fined $25,000 for the violations.
JK surrendered his Neveda Medical License No. 15386 to practice medicine for cause and no longer qualifies as a practitioner for registration to dispense controlled substances, and he committed acts that render his registration inconsistent with the public interest.	No	Certificate of Registration No. CS24228 is revoked; Respondent may not petition for reinstatement for a period of one year from the effective date of the Order. Respondent fined $2,000 and assessed $1,880.42 for attorney's fees and costs.	N/A
JB failed to disclose arrests and/or convictions on his original Pharmaceutical Technician in Training application. The Board held a hearing to address the charges against him on January 15, 2025, where he failed to appear, and a default order was taken.	No	Certificate of Registration No. PT28790 was revoked for a period of one year and assessed $511.46 in attorney's fees and costs.	N/A

AL transported a supply of controlled substances between his home/vehicle/office and various hospital operating rooms and/or surgery centers in a location other than a registered office in violation of Nevada Law. In addition, he knowingly or intentionally acquired controlled substances and/or dangerous drugs without a prescription and failed to query the controlled substance information in the PMP in violation of Nevada Law.	No	Certificate of Registration No. CS18089 is revoked. The revocation is stayed and placed on probation for a period of five years from the effective date of the Order. Respondent Lee shall not possess controlled substances except while on the premises of a hospital, a surgery center for ambulatory patients, or another medical facility where respondent is treating or caring for a surgical patient. Respondent Lee shall participate in four quarterly inspections from the effective date of the Order to January 14, 2026. Respondent fined $10,000 for the violations; and assessed $5,000 in attorney's fees and costs.	N/A
YS failed to secure dangerous drugs in a locked cabinet thereby allowing access to dangerous drugs by unlicensed personnel and administered drug products to a patient that were not acquired in compliance with Nevada Law.	No	YS accepts the Stipulation and Order as a public reprimand; fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.	N/A
RR worked as a pharmaceutical technician in training without obtaining a certificate of registration from the Board for the work location.	No	Certificate of Registration No. PT28825 is revoked, and Respondent may not petition for reinstatement for a period of one year from the effective date of the Order; and assessed $1,222.85 in attorney's fees and costs.	N/A

JS failed to disclose disciplinary order on his 2022 biennial renewal application for his Certificate of Registration No. CS09874. Respondent JS issued sixty-eight controlled substance prescriptions on a suspended registration and permitted his medical assistants to forge and issue prescriptions for controlled substances.	No	Respondent's Certificate of Registration No. CS09874 is revoked, and Respondent may not petition for reinstatement for a period of two years from the effective date of the Order; Respondent fined $5,000 for the violations; and assessed $2,968.64 in attorney's fees and costs.	N/A
SCS engaged in the sale and or distribution of counterfeit HIV-1 drugs and transmitted falsified transaction records.	No	N/A	Respondent's License No. WH02131 is revoked, the revocation is stayed and Respondent placed on probation for a period of three years subject to the following conditions: a) Respondent shall pay a fine of $5,000 for the violations; b) assessed $3,584.10 in attorney's fees and costs; and c) Respondent shall be subject to an inspection by Board staff at respondent's expense.
WP is responsible for the acts of its employees who made an error in a prescription and failed to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024.	No	N/A	Respondent fined $2,000 for the violations; and assessed $500 in attorney's fees and costs.
JE failed to maintain a written record showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business on January 31, 2024.	No	Respondent fined $500 for the violations; and assessed $500 in attorney's fees and costs.	N/A

CQ fined $500 for the violations; and assessed $500 in attorney's fees and costs.	No	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.	N/A
OM billed insurers for products that were never delivered to patients, failed to maintain an adequate system to resolve complaints by these patients, and failed to notify the Board of the departure of its facility administrator within three business days.	No	N/A	Respondent is not eligible to apply for a license or engage in business as a medical products provider or medical products wholesaler for a period of two years after the effective date of this Stipulation; Respondent shall notify the Board in writing if it becomes aware that any of its current officers, directors, shareholders, partner, or members have applied in an individual or representative capacity for a license to conduct business as a medical products provide or medical products wholesaler; Respondent shall accept this Stipulation as a public reprimand; Respondent shall refund payments or deposits as described in sections 1a, 1b, 1c, 1d, and 1f of the Investigate Report by June 30, 2025; Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.
WP is responsible for the acts of an employee who accessed protected health information for the purpose of learning personal information about a patient.	No	N/A	Respondent fined $1,000 for the violations; and assessed $500 in attorney's fees and costs.

MR accessed protected health information for the purpose of learning personal information about a patient.	No	Certificate of Registration No. PT28786 is revoked retroactively to October 31, 2024, and may not petition the Board for reinstatement for a period of one year from the effective date of the revocation; and assessed $500 in attorney's fees and costs.	N/A
EC diverted controlled substances from her place of employment at CVS Pharmacy.	No	Certificate of Registration No. PT18610 is revoked and may not petition for reinstatement for a period of one year.	N/A
LI failed to properly service the respiratory equipment furnished to a patient at least every 24 months as required by the manufacturer's product manual.	N/A	N/A	Respondent fined $1,000 for the violations; and assessed $1,000 in attorney's fees and costs.
HM failed to pay the $10,000 fine and $544.55 in attorney's fees and costs in Case No. 20-070-PR-N ordered on April 17, 2024. The Board filed an Order to Show Cause due to non-compliance with the Order, and HM petitioned the Board to vacate the disciplinary actions in the case.	No	The Board denied the request to vacate the decision and upheld the $10,000 fine and $544.55 in attorney's fees and costs.	N/A
MPS is responsible for the acts of its employees who filled and dispensed unlawful prescriptions for controlled substances and compounded semiglutide, employed one pharmaceutical technician in training (PTT) on an expired registration and another PTT without obtaining a registration to work at Meta Pharmacy.	No	N/a	Respondent fined $10,000 for the violations; $2,000 in attorney's fees and costs; and quarterly inspections for a period of one year not to exceed $500 at owner's expense.

SB Respondent filled and dispensed unlawful prescriptions for controlled substances and compounded semiglutide, employed one pharmaceutical technician in training (PTT) on an expired registration and another PTT without obtaining a registration to work at MPS.	No	Certificate of Registration No. 17303 is revoked, the revocation is stayed, and respondent is placed on probation for a period of ten years subject to the following conditions: a) a public reprimand; b) pay a $10,000 fine for the violations; c) pay $2,000 in attorney's fees and costs; d) 12 additional continuing education on pharmacy law and ethics within six months of the Order date; e) shall not be a managing pharmacist at Meta Pharmacy or any pharmacy licensed by the Board during the probation period; f) shall divest himself of any ownership interest in Meta Pharmacy within 90 days of the Order and shall not hold any ownership in any pharmacy licensed by the Board during the probation period; and g) shall not work as a pharmacist for Meta Pharmacy for a period of two years from the effective date of the Order.	N/A
MB knowingly filled and dispensed unlawful prescriptions for controlled substances.	No	Certificate of Registration No. 14966-B is suspended, the suspension is stayed, and respondent is placed on probation for a period of one year subject to the following conditions: a) a public reprimand; b) pay a $1,000 fine for the violations; c) pay $1,000 in attorney's fees and costs	N/A

CP in Case No. 23-175-RPH-S refused to transfer a prescription as requested by a patient and engaged in unprofessional conduct, and he knowingly filled and dispensed unlawful prescriptions for controlled substances in Case No. 24-125-RPH-B-S.	No	Certificate of Registration No. 16325 is suspended, the suspension is stayed, and respondent is placed on probation for a period of two years subject to the following conditions: a) a public reprimand; b) pay a $2,000 fine for the violations; c) pay $2,000 in attorney's fees and costs; and d) shall complete ten additional continuing education (CE) hours on pharmacy law and ethics within six months of the effective date of the Order.	N/A
UAK has failed to pay the fine payment of $1,300 and $749 in attorney's fees and costs ordered December 1, 2021. The Board filed an Order to Show Cause due to non-compliance with the Order, and a default hearing was heard on April 16, 2025, due to his failure to appear.	No	The Board upheld the fine payment of $1,300 and $749 in attorney's fees and costs.	N/A
EM has failed to pay the fine payment of $5,000 and $812.50 in attorney's fees and costs ordered April 21, 2021. The Board filed an Order to Show Cause due to non-compliance with the Order, and a default hearing was heard on April 16, 2025, due to his failure to appear.	No	The Board upheld the fine payment of $5,000 and $812.50 in attorney's fees and costs.	N/A
The Board filed an Order of Summary Suspension based upon the preliminary findings that AG diverted controlled substances. AG failed to appear, and a default hearing was heard on April 16, 2025.	No	The Board upheld the summary suspension for AG's Certificate of Registration No. PT20499 pending the filing of charges.	N/A

As pharmacy/pharmacy owner, PSP is responsible for the acts of its employee in Case No. 23-175-PH-S who refused to transfer a prescription at the request of the patient. PSP is responsible for the acts of its employees in Case No. 23-239-PH-S who purchased drug substances from an unlicensed wholesaler in Nevada; dispensed several drug products to patients with directions to compound the drugs themselves; and furnished a patient's practitioner with prescription blanks bearing the name of the pharmacy. PSP is responsible for the acts of its employees in Case No. 23-429-PH-S who dispensed 512 invalid prescriptions issued for "Emergency Kits" or "COVID Kits" for which the drugs in each were not identified on the prescription and dispensed and substituted a different drug without permission in the "COVID Kits". PSP is responsible for the acts of its employees in Case No. 24-424-RPH-S who accepted, processed, and dispensed prescriptions that were not valid and those of which were controlled substance prescription were not transmitted electronically as required by Nevada Law.	No	N/A	Respondent PSP shall be revoked effective December 31, 2025. Before the revocation, PSP License No. PH02028 shall be placed on probation, effective immediately, and is subject to the following conditions of probation: 1) Respondent fined $10,000; 2) Respondent assessed $3,000 in attorney's fees and costs; 3) Respondent shall comply with all federal and state statutes and regulations concerning controlled substance and dangerous drugs and shall have no additional charges filed against it during the period of probation; and 4) Respondent shall submit to monthly inspections at its own expense during the probation period.
Respondent MB failed to complete his 2019 and 2021 continuing education hours as required by Nevada Law. Respondent's Certificate of Registration No. 18710 is placed on probation until July 18, 2025. He must produce proof of two and one-half continuing education credits and one law continuing education credit.	No	If he fails to provide proof, his Certificate of Registration No. 18710 will be suspended for a period of time not to exceed five months; any suspension will be lifted upon proof of his completed required continuing education credit. Respondent fined $1,000; and assessed $500 in attorney's fees and costs.	N/A

As managing pharmacist during the times of the events, Respondent JL is responsible for the acts of its employees who purchased drug substances from an unlicensed wholesaler in Nevada; dispensed several drug products to patients with directions to compound the drugs themselves; and furnished a patient's practitioner with prescription blanks bearing the name of the pharmacy.	No	Respondent JL, Certificate of Registration No. 17503, is revoked, effective immediately. The revocation is stayed and is placed on probation for a period of five years subject to the following conditions: 1) Respondent fined $10,000; 2) Respondent assessed $1,000 in attorney's fees and costs; 3) On or before December 31, 2025, Respondent shall complete twelve additional hours of continuing education on pharmacy law and ethics; During the period of probation, Respondent shall not work as a managing pharmacy for or hold an ownership in any pharmacy licensed by the Board other than EliteRx (License No. PH04615).; 4) Respondent shall comply with all federal and state statutes and regulations concerning controlled substances and dangerous drugs and have no additional charges filed against him during the probation; and 5) Respondent shall not engage in the practice of compounding "sterile compounded drug products" for a period of two years after the approval of the Stipulation.	N/A

As pharmacy owner and managing pharmacist during the times of the events, Respondent RS is responsible for the acts of its employees in Case No. 23-429-PH-S who dispensed 512 invalid prescriptions issued for "Emergency Kits" or "COVID Kits" for which the drugs in each were not identified on the prescription and dispensed and substituted a different drug without permission in the "COVID Kits". Respondent RS is responsible for the acts of its employees in Case No. 24-424-RPH-S who accepted, processed, and dispensed prescriptions that were not valid and those of which were controlled substance prescription were not transmitted electronically as required by Nevada Law.	No	Respondent RS, Certificate of Registration No. 13574, shall be revoked effective August 1, 2025. The revocation shall be stayed and is placed on probation for a period of five years subject to the following conditions: 1) Respondent shall pay a fined $10,000; 2) Respondent assessed $1,000 in attorney's fees and costs; 3) On or before December 31, 2025, Respondent shall complete twelve addition hours of continuing educations on pharmacy law and ethics; 4) On or after August 1, 2025, and through the end of probation, Respondent shall not work as a managing pharmacist for any pharmacy licensed by the Board; 5) On and after December 31, 2025, Respondent shall not hold an ownership in any pharmacy licensed by the Board; 6) On and after the entry of this Stipulation through the end of the period of probation, Respondent shall comply with all federal and state statutes and regulations concerning controlled substances and dangerous drugs and shall have no additional charges filed against him; and 7) On and after the entry of this Stipulation through the end of the period of probation, Respondent shall not engage in the practice of compounding drug products.	N/A

Respondent GD entered a Settlement Agreement with the Osteopathic Board's Case No. PN1407002 and voluntarily surrendered his license. The Nevada Board of Pharmacy took reciprocal action on Certificate of Registration No. CS03830 due to violations relating to controlled substances, engaging in unprofessional conduct, and acts committed that render his registration inconsistent with the public interest.	No	Respondent's Certificate of Registration No. CS03830 is revoked retroactively to October 31, 2024, and may not petition for reinstatement for a period of one year.	N/A
Respondent MC diverted controlled substances for 863 Alprazolam and 2,057mg of promethazine with codeine syrup.	No	Respondent's Certificate of Registration No. PT16852 is revoked and cannot petition for reinstatement for a period of one year. Respondent fined $1,000; and assessed $638.97 in attorney's fees and costs.	N/A
CVS is responsible for the acts of its employees who made an error in a prescription and failed to provide medication counseling to a patient.	No	N/A	Respondent fined $3,000 for the violations; and assessed $1,000 in attorney's fees and costs.
Respondent KK made an error in a prescription and failed to provide medication counseling to a patient.	No	Respondent fined $1,500 for the violations; and assessed $500 in attorney's fees and costs.	N/A
Respondent HR engaged in the business of selling, leasing, supply and/or distributing medical devices to hospitals and other licensed care facilities without a license to engage in business as a wholesaler.	No	N/A	Respondent fined $2,500 for the violations; and assessed $500 in attorney's fees and costs.
AA had was in violation of Board order for failing to pay $5,000 fine and $4,065.51 in attorney's fees and costs.	No	Respondent must pay $5,000 fine and $4,065.51 in attorney's fees and costs.	N/A
Respondent WP compounded essential copies of commercially available drugs without a "statement of significant difference" for each prescription documenting a medical need specific to the patient for the compounded product.	No	Respondent fined $2,500 for the violations; assessed $3,884.85 in attorney's fees and costs; and shall be subject to a Board inspection within the next six months at respondent's expense.	N/A

Respondent PS engaged in the business as a medical products provider and failed to service and communicate with a patient who needed emergency oxygen equipment and supplies.	Yes	N/A	Respondent accepts this Stipulation as a public reprimand; Previous License No. MP02951 is forfeited; Respondent fined $8,000 fine for the violations; and assessed $1,000 in attorney's fees and costs.
Respondent MVL allowed a non-practitioner to receive, possess, store and/or administer dangerous drugs outside of respondent's presence.	No	Respondent accepts this Stipulation as a public reprimand; Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.	N/A
MS falsely stated on her renewal application that she had not been convicted of any felony or misdemeanor offenses since her last renewal. However, she was convicted of two felony offenses in July 2022. A default hearing was heard on July 16, 2025, due to her failure to appear.	No	Certificate of Registration No. PT17066, is retroactively revoked to October 31, 2024, and may not petition the Board for reinstatement of her registration for a period of one year from the date of the Order. Respondent fined $500 for the violations and assessed $757.41 in attorney's fees and costs, payable if Respondent ever petitions for reinstatement of her registration.	N/A
Respondent MO issued or caused to be issued at least one hundred twenty (120) prescriptions for controlled substances while travelling out of country which is in violation of Nevada Law. In addition, respondent participated in deceitful transactions and billed Medicaid for services that respondent did not provide. Additionally, The Board took reciprocal action based on discipline that the Nevada State Board of Medical Examiners took for numerous findings of professional misconduct.	No	Certificate of Registration No. CS10934, is revoked, effective immediately, and may not petition the Board for reinstatement for a period of one year from the date of the Order. Respondent fined $10,000 for the violations; and assessed $3,000 in attorney's fees and costs.	N/A

Respondent KF stole $320 from her place of employment at Walgreen's Pharmacy #5862. A default hearing was heard on July 16, 2025, due to her failure to appear.	No	Certificate of Registration No. PT26333 is retroactively revoked to October 31, 2022, and may not petition for reinstatement for a period of one year from the date of the Order. Respondent fined $500 for the violations; and assessed $482.27 in attorney's fees and costs and must reimburse the Board if she ever petitions for reinstatement of her registration.	N/A
Respondent RI allowed his medical assistants to use his credentials to issue prescriptions for controlled substances and failed to query the PMP as required by Nevada Law. A default hearing was heard on July 16, 2025, due to his failure to appear.	No	Respondent is publicly reprimanded; Respondent fined $5,000 for the violations; and assessed $691.46 in attorney's fees and costs.	N/A
The California State Board of Pharmacy entered an Order in approving a stipulated settlement for voluntary surrender of Respondent MCP'S California licenses for numerous violations of federal and California state law related to compounding drug products, and the Board took reciprocal action.	No	N/A	Respondent's expired Pharmacy License No. PH01563 is revoked; pay a fine of $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.
IWP engaged in unprofessional conduct and violations of federal law related to dispensing controlled substances.	No	N/A	Respondent's Pharmacy License No. PH02281 is suspended for a period of one year. The suspension is stayed, and respondent is placed on probation subject to the following terms: 1) pay a $10,000 fine for the violations; 2) pay $1,000 in attorney's fees and costs; and 3) Respondent shall have no new charges filed against them while on probation.

FS unlawfully prescribed a controlled substance for his own personal use in violation of state law, engaged in unprofessional conduct and committed acts that render registration inconsistent with the public interest, and failed to properly disclose reportable discipline on his 2024 biennial renewal application for his controlled substance registration.	No	Certificate of Registration No. CS20566 is suspended for a period of one year. The suspension is stayed and respondent is placed on probation subject to the following terms: 1) Respondent shall accept the Stipulation and Order as a public reprimand; 2) pay a $5,000 fine for the violations; 3) pay $1,000 in attorney's fees and costs; and 4) Respondent shall comply with all federal and state statutes regarding controlled substances and dangerous drugs, and have no additional charges filed against them while on probation.	N/A
AG diverted 9,515 Alprazolam 1mg tablets, 19,908 2mg tablets, and 1,018 Tramadol 50mg tablets. A default hearing was heard on September 4, 2025, due to her failure to appear.	No	Respondent's Certificate of Registration No. PT20499 is revoked, and respondent cannot petition for reinstatement for a period of five years from the effective date of the Order; and assessed $2,277.45 in attorney's fees and costs.	N/A
APAON failed to notify the Board of a change in the authorized administrator and controlling interest of the business.	No	N/A	License No. MP01037 is forfeited. Respondent fined $4,000 for the violations; and assessed $500 in attorney's fees and costs.

The California Board of Nursing entered an Order revoking Respondent DM's California license to practice nursing for numerous violations of federal and state law, and the Board took reciprocal action. Respondent's DEA registration and license with the Nevada State Board of Nursing (NSBN) are no longer remaining active in good standing, and the Respondent violated state law, engaged in unprofessional conduct and committed acts that render registration inconsistent with the public interest. A default hearing was heard on September 4, 2025, due to her failure to appear.	No	Respondent's Certificate of Registration No. CS31659 is revoked, and respondent cannot petition for reinstatement for a period of five years from the effective date of the Order; and assessed $1,590.55 in attorney's fees and costs.	N/A
QT failed to comply with the PMP requirements as required by Nevada Law.	No	Respondent accepts this Stipulation and Order as public reprimand; Respondent agrees to continue with all PMP-related laws and regulations; Respondent agrees to participate in training with Board staff on the use of the PMP system within 60 days of the effective date of the Order and will participate in a follow-up training six months after the initial training. Respondent fined $5,000 for the violations; and assessed $1,000 in attorney's fees and costs.	N/A

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EVERGREEN PHARMACY,** **Pharmacy License No. PH04174,** **PAULA LYNNE SANTOS, RPH,** **Certificate of Registration No. 20578, and** **NAZOKAT NIGMATOVA, RPH,** **Certificate of Registration No. 20601,** **Respondents.**	**CASE NOS. 23-007-PH-S** **23-007-RPH-A-S** **23-007-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Paula Lynne Santos, RPh (Santos), Certificate of Registration No. 20578, and Respondent Nazokat Nigmatova, RPh (Nigmatova), Certificate of Registration No. 20601, were pharmacists registered with the Board, and Respondent Evergreen Pharmacy (Evergreen), Pharmacy License No. PH04174, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Nigmatova was employed as managing pharmacist of Evergreen from January 12, 2022, to October 24, 2022, and Santos was employed as managing pharmacist of Evergreen from October 24, 2022, to August 25, 2023.

3. On January 5, 2023, a Board inspector conducting an annual inspection of Evergreen found multiple violations of law:

A. The biennial controlled substance inventory dated 12/31/21 contained white-out on both the CII and CIII-V sections, in violation of 21 CFR 1304.11.

B. There was no pharmacist signature on the CII invoices acknowledging receipt of the product, in violation of NRS 453.251, NAC 639.487 and NAC 639.523.

C. Santos was unable to electronically retrieve a record of on hand quantities for CII products; the manual CII log had not been updated since 6/2022; and the pharmacy had not performed back-counting on CII products, in violation of 21 CFR 1304.04, 21 CFR 1304.11, NRS 453.246 and NAC 639.485.

D. There was no manual sign-in log showing pharmacy personnel on duty nor an electronic log or records, in violation of NAC 639.245(1).

E. There was no change in managing pharmacist controlled substance inventory conducted on either January 12, 2022, or October 24, 2022, in violation of NAC 453.475.

F. In-service training records for pharmaceutical technician Valeria Tafoya, Certificate of Registration No. PT19598, were unavailable at the time of inspection, in violation of NAC 639.254(2).

G. The pharmaceutical technician in training logs for Karen Gonzalez, Certificate of Registration No. PT29263, and Arleth Valencia, Certificate of Registration No. PT28486, did not identify the year that training was done, only had the name of the technician on the first page, and had no signature or log by the pharmacist or technician, in violation of NAC 639.240(1) and NAC 639.247(1)(b).

H. During the inspection, 2 pharmacists and 7 technicians were observed working, in violation of the pharmacist/technician ration set forth in NAC 639.250(1).

I. Two refrigerators containing dispensed medications were outside the appropriate temperature range at the time of inspection: 49.3 and 48.2 degrees F; there was no temperature log to determine how long the refrigerators had been outside the temperature range; and the refrigerator storing inventory medications was reported to have an electronic temperature

monitoring system, yet staff were unable to provide an electronic history nor was there a manual log, constituting multiple violations of NAC 639.527.

APPLICABLE LAW

4. Performing any duties as a license or registration holder in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

5. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

6. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

7. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

8. Any violation of any of the provisions of NRS Chapter 639 or NAC Chapter 639 by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

COUNT ONE

Violation of Federal Controlled Substances Act

9. Based upon the allegations in Paragraph 3 herein, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR

1304.04 and 21 CFR 1304.11. As the managing pharmacists of Evergreen at the time of the violations alleged herein, Nigmatova and Santos are therefore subject to discipline pursuant to NRS 639.210(11), (12) and (15), NRS 639.220(1) and/or NAC 639.702. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Evergreen is responsible for those violations, including all errors and omissions of pharmacy personnel, and subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

COUNT TWO
Violations of State Law

10. Based upon the allegations in Paragraph 3 herein, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.235, NRS 453.251, NRS 453.475, NAC 639.240(1), NAC 639.245(1), NAC 639.247(1)(b), NAC 639.250(1), NAC 639.254(2), NAC 639.485, NAC 639.487, NAC 639.523 and/or NAC 639.527. As the managing pharmacists of Evergreen at the time of the violations alleged herein, Nigmatova and Santos are therefore subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Evergreen is subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

COUNT THREE
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

11. By their conduct as alleged in Paragraph 3 herein, Nigmatova and Santos have performed their duties as managing pharmacists in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4). As the pharmacy/pharmacy owner at which the unprofessional conduct alleged herein occurred, Evergreen is subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration/licenses of these Respondents.

Signed this 21st day of April 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EVERGREEN PHARMACY** **Pharmacy License No. PH04174,** **Respondent.**	**Case No. 23-007-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of APRIL 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EVERGREEN PHARMACY** **Pharmacy License No. PH04174,** **Respondent.**	**Case No. 23-007-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR EVERGREEN PHARMACY

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of April 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Evergreen Pharmacy
4110 S Maryland Pkwy. #17
Las Vegas, NV 89119

Paula Lynne Santos
[redacted]
Las Vegas, NV [redacted]

Nazokat Nigmatova
[redacted]
Las Vegas, NV [redacted]

Nazokat Nigmatova c/o
Evergreen Pharmacy
4110 S Maryland Pkwy. #17
Las Vegas, NV 89119

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **vs.** **EVERGREEN PHARMACY, INC.** **Pharmacy License No. PH04174,** **Respondent.**	**Case No. 23-007-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That Evergreen Pharmacy, Inc. objects to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges, on the following grounds:

The allegations are not properly substantiated with reference materials and/or exhibits. The Notice of Intended Action and Accusation (the "NIAA") makes reference to various documents, including but not limited to:

A) Annual Inspection Report dated January 5, 2023;

B) Biennial Controlled Substance Inventory dated December 12, 2021; and

C) Manual CII Log dated June 2022;

but fails to provide copies of said documents as reference for verification.

Given the lack of reference provided in the NIAA, Evergreen Pharmacy, in preparation for the scheduled hearing on this matter, requests that all documents referenced in this NIAA, along with all previous communication from Evergreen sent to the Board of Pharmacy in response to said documents be sent to Evergreen at the following address:

c/o Paradise Law LLC; PO Box 96537, Las Vegas, NV 89193; EPI@paradiselaw.com

2. That, in answer to the Notice of Intended Action and Accusation, Evergreen Pharmacy, Inc. admits, denies, and alleges as follows:

A. Pamela Kalyan was employed as managing pharmacist of Evergreen from opening day until January 12, 2022 but remained employed as a pharmacist at Evergreen until she terminated her position at the close of business on Friday, December 30, 2022.

B. Nazokat Nigmatova was employed as managing pharmacist of Evergreen from January 12, 2022 to October 24, 2022 but, due to personal reasons, moved to New York in May of 2022. Between May – October 2022, Ms. Nigmatova traveled intermittently to Nevada to work with Ms. Kalyan performing her inventory and reporting duties as managing pharmacist while Evergreen sought out an alternate managing pharmacist.

C. Paula Santos was employed as managing pharmacist of Evergreen from on or about October 24, 2022 until around August 2023. During the first couple months of her employment as managing pharmacist, Ms. Santos also worked with Ms. Kalyan to learn and perform her inventory and reporting duties.

D. On or about January 3, 2023 (not January 5 as noted in the NIAA), the next business day after pharmacist Ms. Kalyan departed the company,[1] a Board inspector conducted an annual inspection of Evergreen. Following this inspection, a telephone call between the Board inspector and Mr. Molokhia (the President of Evergreen Pharmacy, Inc.), and subsequent inspection report, Evergreen submitted a response to the Board of Pharmacy (the "Response") that provided resolution to all matters that were raised during this inspection.

E. Biennial reports were performed by Ms. Kalyan, Ms. Nigmatova, and Ms. Santos, during their employment, as required. A biennial controlled substance inventory was performed annually,

[1] Ms. Kalyan terminated her position at the close of business on Friday, December 30, 2022; Evergreen Pharmacy was closed over the New Year weekend, and reopened on Tuesday, January 3, 2023. The Board inspector arrived at Evergreen at about 10am that day... the next business day after Ms. Kalyan's departure.

at the transition date from one managing pharmacist to the next, and there was an additional inventory taken in June 2022 by Ms. Nigmatova. During the inspection, however, due to Ms. Kalyan's recent and unexpected departure, some of these documents were not readily found. At the time of the inspection, Ms. Santos was in the process of finding and organizing the files and reports that Ms. Kalyan was previously responsible for maintaining. It is my understanding and belief that this information was later provided in the Response.

F. All CII products were recorded electronically. If, during the inspection, Ms. Santos was unable to access the electronic records, it is my understanding and belief that this information was later provided in the Response.

G. As noted in (E) above, at the time of the referenced inspection, due to Ms. Kalyan's recent and unexpected departure, Ms. Santos was in the process of finding and organizing the files and reports that Ms. Kalyan was previously responsible for maintaining. If the sign-in log information was not accessible at the time of the inspection, it is my understanding and belief that this information was later provided in the Response.

H. Valeria Tafoya was already licensed by the Board of Pharmacy as pharmaceutical technician—with no training requirement.

I. In regard to Karen Gonzalez and Arleth Valencia, adequate training logs were maintained in accordance with NAC 639.247(1)(b)("*Maintain a written record that includes: (1) Documentation of the completion of the orientation and training required for each pharmaceutical technician that demonstrates the competency of the pharmaceutical technician to perform the tasks assigned to him or her. (2) Evidence that each pharmaceutical technician has read and is familiar with the written policies of the pharmacy and state and federal laws relating to the practice of pharmacy.*"). The deficiencies alleged in the NIAA are not specific requirements under NAC 639.247(1)(b).

J. As noted in (A) above, Ms. Kalyan terminated her position the previous business day prior to the referenced inspection. On the morning of January 3, 2023, Ms. Kalyan was scheduled to work. Had she not terminated her position, there would have been a 3:7 ratio of pharmacists to technicians—well above the requirements; and 4:7 ratio by the afternoon when the next pharmacist was scheduled. Due to Ms. Kalyan's absence, however, the next scheduled pharmacist was asked to come to work earlier than planned, and even arrived prior to the completion of the inspection. In fact, upon arrival, the third pharmacist met with and spoke to the Board inspector.

K. Pursuant to NAC 639.527(3)(c), all medications that were expired due to the refrigeration failure were properly disposed and recorded. It is my understanding and belief that this information was provided to the Board of Pharmacy in the Response.

3. Respondent concludes that:

In regard to COUNT ONE, Ms. Nigmatova and Ms. Santos neither violated, attempted to violate, assisted, or abetted in the violation of nor conspired to violate 21 CFR 1304.04; 1304.11. All inventory reporting requirements, during the times of their employment, were completed more often than that required. Due to Ms. Kalyan's sudden and unexpected departure from Evergreen, these documents were not readily accessible at the time of the noted inspection but were provided to the BOP in Evergreen's subsequent Response. Furthermore, Ms. Nigmatova was not responsible for any pharmacy activity or record keeping after her October 2022 termination. As such, this COUNT should not reflect negatively on either Ms. Nigmatova or Ms. Santos.

In regard to COUNT TWO, Ms. Nigmatova and Ms. Santos neither violated, attempted to violate, assisted, or abetted in the violation of nor conspired to violate **NRS 453.235**[2]; 251; **475**[3];

[2] Ms. Nigmatova and Ms. Santos did not violate NRS 453.235 specifically, as it does not appear to exist.
[3] Ms. Nigmatova and Ms. Santos did not violate NRS 453.475 specifically, as it does not appear to exist.

NAC 639.240(1); 245(1); 247(1)(b); 250(1); 254(2); 485; 487; 523; and/or 527. All actions performed during their employment were conducted in compliance with all regulations and codes. Furthermore, Ms. Nigmatova was not responsible for any pharmacy activity or record keeping after her October 2022 termination. As such, this COUNT should be dismissed.

In regard to COUNT THREE, Ms. Nigmatova and Ms. Santos have performed all of their duties as managing pharmacists in a competent, skillful, and professional manner. If any associate of Evergreen failed to perform in this manner, this would not be tolerated and the associate would have immediately been terminated. Furthermore, Ms. Nigmatova was not responsible for any pharmacy activity or record keeping after her October 2022 termination. As such, this COUNT should be dismissed.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 9th day of May 2025.

EVERGREEN PHARMACY, INC.
by: ALY MOLOKHIA, President

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EVERGREEN PHARMACY,** **Pharmacy License No. PH04174,** **PAULA LYNNE SANTOS, RPH,** **Certificate of Registration No. 20578, and** **NAZOKAT NIGMATOVA, RPH,** **Certificate of Registration No. 20601,** **Respondents.**	**CASE NOS. 23-007-PH-S** **23-007-RPH-A-S** **23-007-RPH-B-S** **STIPULATION AND ORDER** **[EVERGREEN PHARMACY ONLY]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Brett Kandt, General Counsel, and Respondent Evergreen Pharmacy (Evergreen), Pharmacy License No. PH04174, by and through counsel**,** George Omar Koury, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about April 21, 2025, Board Staff served Respondent with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing.

2. On or about May 9, 2025, Respondent Evergreen filed an Answer and Notice of Defense to the Accusation.

3. Respondent is aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter

622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waive the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that as the pharmacy/pharmacy owner at which various recordkeeping and pharmacist/technician ratio violations occurred, including violations of 21 CFR 1304.04, 21 CFR 1304.11, NRS 453.246, NRS 453.251, NAC 453.475, NAC 639.240(1), NAC 639.245(1), NAC 639.247(1)(b), NAC 639.250(1), NAC 639.254(2), NAC 639.485, NAC 639.487, NAC 639.523 and/or NAC 639.527, Evergreen is responsible for those violations, including all errors and omissions of the managing pharmacist Respondent Paula Lynne Santos, RPh, Certificate of Registration No. 20578, and Evergreen is subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

7. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Evergreen Pharmacy, Pharmacy License No. PH04174, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Evergreen shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations by personal,

business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2025; and

B. Pursuant to NRS 622.400, Respondent Evergreen shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2025.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline consistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 15, 2025. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 18 **day of** September **2025**

EVERGREEN PHARMACY
Pharmacy License No. PH04174

box SIGN 1X3V3YRP-42R7296V

APPROVED AS TO FORM AND CONTENT
this 16 **day of** September **2025**

GEORGE OMAR KOURY, ESQ.
Counsel for Respondents

box SIGN 1JRL69WZ-42R7296V

Signed this ___ day of _____ 2025

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Evergreen Pharmacy, Pharmacy License No. PH04174, in Case No. 23-007-PH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October 2025.

_____
Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5B

FILED
APR 21 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EVERGREEN PHARMACY,** **Pharmacy License No. PH04174,** **PAULA LYNNE SANTOS, RPH,** **Certificate of Registration No. 20578, and** **NAZOKAT NIGMATOVA, RPH,** **Certificate of Registration No. 20601,** **Respondents.**	**CASE NOS. 23-007-PH-S** **23-007-RPH-A-S** **23-007-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Paula Lynne Santos, RPh (Santos), Certificate of Registration No. 20578, and Respondent Nazokat Nigmatova, RPh (Nigmatova), Certificate of Registration No. 20601, were pharmacists registered with the Board, and Respondent Evergreen Pharmacy (Evergreen), Pharmacy License No. PH04174, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Nigmatova was employed as managing pharmacist of Evergreen from January 12, 2022, to October 24, 2022, and Santos was employed as managing pharmacist of Evergreen from October 24, 2022, to August 25, 2023.

3. On January 5, 2023, a Board inspector conducting an annual inspection of Evergreen found multiple violations of law:

A. The biennial controlled substance inventory dated 12/31/21 contained white-out on both the CII and CIII-V sections, in violation of 21 CFR 1304.11.

B. There was no pharmacist signature on the CII invoices acknowledging receipt of the product, in violation of NRS 453.251, NAC 639.487 and NAC 639.523.

C. Santos was unable to electronically retrieve a record of on hand quantities for CII products; the manual CII log had not been updated since 6/2022; and the pharmacy had not performed back-counting on CII products, in violation of 21 CFR 1304.04, 21 CFR 1304.11, NRS 453.246 and NAC 639.485.

D. There was no manual sign-in log showing pharmacy personnel on duty nor an electronic log or records, in violation of NAC 639.245(1).

E. There was no change in managing pharmacist controlled substance inventory conducted on either January 12, 2022, or October 24, 2022, in violation of NAC 453.475.

F. In-service training records for pharmaceutical technician Valeria Tafoya, Certificate of Registration No. PT19598, were unavailable at the time of inspection, in violation of NAC 639.254(2).

G. The pharmaceutical technician in training logs for Karen Gonzalez, Certificate of Registration No. PT29263, and Arleth Valencia, Certificate of Registration No. PT28486, did not identify the year that training was done, only had the name of the technician on the first page, and had no signature or log by the pharmacist or technician, in violation of NAC 639.240(1) and NAC 639.247(1)(b).

H. During the inspection, 2 pharmacists and 7 technicians were observed working, in violation of the pharmacist/technician ration set forth in NAC 639.250(1).

I. Two refrigerators containing dispensed medications were outside the appropriate temperature range at the time of inspection: 49.3 and 48.2 degrees F; there was no temperature log to determine how long the refrigerators had been outside the temperature range; and the refrigerator storing inventory medications was reported to have an electronic temperature

monitoring system, yet staff were unable to provide an electronic history nor was there a manual log, constituting multiple violations of NAC 639.527.

APPLICABLE LAW

4. Performing any duties as a license or registration holder in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

5. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

6. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

7. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

8. Any violation of any of the provisions of NRS Chapter 639 or NAC Chapter 639 by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

COUNT ONE
Violation of Federal Controlled Substances Act

9. Based upon the allegations in Paragraph 3 herein, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR

1304.04 and 21 CFR 1304.11. As the managing pharmacists of Evergreen at the time of the violations alleged herein, Nigmatova and Santos are therefore subject to discipline pursuant to NRS 639.210(11), (12) and (15), NRS 639.220(1) and/or NAC 639.702. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Evergreen is responsible for those violations, including all errors and omissions of pharmacy personnel, and subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

COUNT TWO
Violations of State Law

10. Based upon the allegations in Paragraph 3 herein, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.235, NRS 453.251, NRS 453.475, NAC 639.240(1), NAC 639.245(1), NAC 639.247(1)(b), NAC 639.250(1), NAC 639.254(2), NAC 639.485, NAC 639.487, NAC 639.523 and/or NAC 639.527. As the managing pharmacists of Evergreen at the time of the violations alleged herein, Nigmatova and Santos are therefore subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Evergreen is subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

COUNT THREE
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

11. By their conduct as alleged in Paragraph 3 herein, Nigmatova and Santos have performed their duties as managing pharmacists in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4). As the pharmacy/pharmacy owner at which the unprofessional conduct alleged herein occurred, Evergreen is subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration/licenses of these Respondents.

Signed this 21st day of April 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PAULA LYNNE SANTOS, RPH,** **Certificate of Registration No. 20578,** **Respondent.**	**Case No. 23-007-RPH-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of APRIL 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PAULA LYNNE SANTOS, RPH,** **Certificate of Registration No. 20578,** **Respondent.**	**Case No. 23-007-RPH-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

PAULA LYNNE SANTOS, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of April 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Evergreen Pharmacy
4110 S Maryland Pkwy. #17
Las Vegas, NV 89119

Paula Lynne Santos
[redacted]
Las Vegas, NV [redacted]

Nazokat Nigmatova
[redacted]
Las Vegas, NV [redacted]

Nazokat Nigmatova c/o
Evergreen Pharmacy
4110 S Maryland Pkwy. #17
Las Vegas, NV 89119

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
MAY 29 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. PAULA LYNNE SANTOS, RPH Certificate of Registration No. 20578, Respondent.	Case No. 23-007-RPH-A-S ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. **That her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds:**

The allegations are vague and overbroad. There are three (3) Respondents and approximately ten (10) allegations listed on the Notice of Intended Action and Accusation (the "Notice"). The Notice, however, does not specify which allegations apply to which Respondent. The Notice does not clearly state which allegations pertain to me and, subsequently, without clear understanding of the allegations, the listed violations ("counts") do not clearly demonstrate how any of these apply to me. Regardless, I am providing answers below, to the best of my knowledge, as to those allegations that might pertain to my employment Evergreen Pharmacy.

2. That, in answer to the Notice of Intended Action and Accusation, she admits, denies, and alleges as follows:

A. I respectfully submit this Answer and Notice of Defense within 20 days or receipt of the Notice of Intended Action and Accusation (the "Notice"). I personally received the Notice on or around May 16, 2025.

B. I was employed as the managing pharmacist of Evergreen from October 24, 2022. During the first couple of months of my employment as managing pharmacist, I worked with Pamela Kalyan (one of the previous managing pharmacists who was, at that time, still employed at Evergreen) to learn and perform my inventory and reporting duties… until Pamela's sudden and unexpected termination on the last business day of 2022.

C. During my first couple of months as managing pharmacist, Pamela was showing/training me on every step of the reporting process. Only one or two business days after Pamela left the company, a Board inspector conducted an annual inspection. Following this inspection, discussion with the inspector, and subsequent inspection report, I reviewed all of the inspector's comments and suggestions and, within another day or two, submitted a response to the Board resolving all of the issues raised in the inspection.

D. On the day of the inspection, I could not access some of the electronic records but, while working with the inspector, didn't have time to contact the software support desk for help. Following the inspection, however, I compiled these records along with a full CII report—all the way back to the initial opening of the pharmacy—confirming complete inventory accuracy. This information was submitted to the Board in response to the inspection.

E. Although I don't specifically recall, I might not have been able to access some electronic personnel records as requested by the inspector. Following the inspection, however, all of this information would have been submitted to the Board within our response.

F. A biennial inventory was performed when I began as managing pharmacist. Since this was almost three years ago, I do not remember if the inventory information was provided to the inspector and I do not have a copy of this inventory. ALL inventory accuracy, however, was verified and provided to the Board within our inspection response. Specifically, I know that I went out of my way to make a FULL AUDIT of the controls to submit to the Board in our reply.

G. As the inspection occurred so long ago, I don't recall the training requirements or schedule of the pharmacists listed in the Notice but, if any records were required to be maintained as advised by the inspector, I began maintaining those records.

H. During the inspection, we were short one pharmacist because Pamela was scheduled to work that day. I recall that there were some technicians working only as clerks—so, the inspectors ratio calculations were a bit skewed. I also called in an additional pharmacist to come to work early to make up for this offset. This issue was quickly resolved that same day because the additional pharmacist arrived during the inspection, and the additional pharmacist even spoke with the inspector prior to the completion of his report.

I. On the day of the inspection, I remember that there was a fault with the refrigeration. The affected medications, however, were properly disposed of and recorded in compliance with regulations. This information was also included in our post-inspection response.

3. Respondent concludes that:

In summary, most of the pharmacy records were sorted and filed by Pamela Kalyan, a previous managing pharmacist. Since Pamela terminated her employment at Evergreen—within only one or two business days before the inspection, I was not readily able to find some documents that were requested by the inspector. Following the inspection, however, all this information was provided to the Board in response.

These allegations also occurred almost three years ago. Following my departure from Evergreen Pharmacy in 2023, I have had no control over the pharmacy's record keeping.

As such, in regard to COUNT ONE, I have neither violated, attempted to violate, assisted, or abetted in the violation of nor conspired to violate 21 CFR 1304.04; 1304.11 and, therefore, I must NOT be "subject to discipline pursuant to NRS 639.210(11), (12) and (15), NRS 639.220(1) and/or NAC 639.702."

In regard to COUNT TWO, I have neither violated, attempted to violate, assisted, or abetted in the violation of nor conspired to violate NRS 453.235; 251; 475; NAC 639.240(1); 245(1); 247(1)(b); 250(1); 254(2); 485; 487; 523; and/or 527 and, therefore, I must NOT be "subject to discipline pursuant to NRS 639.210(12); (15), NRS 639.220(1) and/or NAC 639.702."

In regard to COUNT THREE, the violations alleged in the Notice of Intended Action and Accusation demonstrate no justification to allege that I am "incompetent, unskillful or negligent" or "engaged in unprofessional conduct" during my employment as managing pharmacist of Evergreen. Therefore, I must NOT be "subject to discipline pursuant to NRS 639.210(4)."

Any attempt to penalize me based on these allegations must be denied and/or rejected.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 29 day of May 2025.

PAULA LYNNE SANTOS, RPH

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EVERGREEN PHARMACY,** **Pharmacy License No. PH04174,** **PAULA LYNNE SANTOS, RPH,** **Certificate of Registration No. 20578, and** **NAZOKAT NIGMATOVA, RPH,** **Certificate of Registration No. 20601,** **Respondents.**	**CASE NOS. 23-007-PH-S** **23-007-RPH-A-S** **23-007-RPH-B-S** **STIPULATION AND ORDER** **[SANTOS ONLY]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Brett Kandt, General Counsel, and Respondent Paula Lynne Santos, RPh (Santos), Certificate of Registration No. 20578, by and through counsel, George Omar Koury, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about April 21, 2025, Board Staff served Respondent with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing.

2. On or about May 29, 2025, Respondent Santos filed an Answer and Notice of Defense to the Accusation.

3. Respondent is aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS

Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waive the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Respondent contests the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. As managing pharmacist of Evergreen at the times that various recordkeeping and pharmacist/technician ratio violations occurred, including violations of 21 CFR 1304.04, 21 CFR 1304.11, NRS 453.246, NRS 453.251, NAC 453.475, NAC 639.240(1), NAC 639.245(1), NAC 639.247(1)(b), NAC 639.250(1), NAC 639.254(2), NAC 639.485, NAC 639.487, NAC 639.523 and/or NAC 639.527, Santos is subject to discipline pursuant to NRS 639.210(11), (12) and (15), NRS 639.220(1) and/or NAC 639.702; and

B. Santos has performed her duties as a managing pharmacist in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 639.210(4).

7. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Paula Lynne Santos, RPh, Certificate of Registration No. 20578, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Santos shall pay a fine of One Thousand Five Hundred Dollars ($1,500.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Santos shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline consistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 15, 2025. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 16 day of September 2025

PAULA LYNNE SANTOS, RPH
Certificate of Registration No. 20578

APPROVED AS TO FORM AND CONTENT
this 16 day of September 2025

GEORGE OMAR KOURY, ESQ.
Counsel for Respondents

box SIGN 1JRL69WZ-42R729KX

Signed this ___ day of _____ 2025

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Paula Lynne Santos, RPh, Certificate of Registration No. 20578, in Case No. 23-007-RPH-A-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October 2025.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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FILED
APR 21 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **EVERGREEN PHARMACY,** **Pharmacy License No. PH04174,** **PAULA LYNNE SANTOS, RPH,** **Certificate of Registration No. 20578, and** **NAZOKAT NIGMATOVA, RPH,** **Certificate of Registration No. 20601,** **Respondents.**	**CASE NOS. 23-007-PH-S** **23-007-RPH-A-S** **23-007-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Paula Lynne Santos, RPh (Santos), Certificate of Registration No. 20578, and Respondent Nazokat Nigmatova, RPh (Nigmatova), Certificate of Registration No. 20601, were pharmacists registered with the Board, and Respondent Evergreen Pharmacy (Evergreen), Pharmacy License No. PH04174, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Nigmatova was employed as managing pharmacist of Evergreen from January 12, 2022, to October 24, 2022, and Santos was employed as managing pharmacist of Evergreen from October 24, 2022, to August 25, 2023.

3. On January 5, 2023, a Board inspector conducting an annual inspection of Evergreen found multiple violations of law:

A. The biennial controlled substance inventory dated 12/31/21 contained white-out on both the CII and CIII-V sections, in violation of 21 CFR 1304.11.

B. There was no pharmacist signature on the CII invoices acknowledging receipt of the product, in violation of NRS 453.251, NAC 639.487 and NAC 639.523.

C. Santos was unable to electronically retrieve a record of on hand quantities for CII products; the manual CII log had not been updated since 6/2022; and the pharmacy had not performed back-counting on CII products, in violation of 21 CFR 1304.04, 21 CFR 1304.11, NRS 453.246 and NAC 639.485.

D. There was no manual sign-in log showing pharmacy personnel on duty nor an electronic log or records, in violation of NAC 639.245(1).

E. There was no change in managing pharmacist controlled substance inventory conducted on either January 12, 2022, or October 24, 2022, in violation of NAC 453.475.

F. In-service training records for pharmaceutical technician Valeria Tafoya, Certificate of Registration No. PT19598, were unavailable at the time of inspection, in violation of NAC 639.254(2).

G. The pharmaceutical technician in training logs for Karen Gonzalez, Certificate of Registration No. PT29263, and Arleth Valencia, Certificate of Registration No. PT28486, did not identify the year that training was done, only had the name of the technician on the first page, and had no signature or log by the pharmacist or technician, in violation of NAC 639.240(1) and NAC 639.247(1)(b).

H. During the inspection, 2 pharmacists and 7 technicians were observed working, in violation of the pharmacist/technician ration set forth in NAC 639.250(1).

I. Two refrigerators containing dispensed medications were outside the appropriate temperature range at the time of inspection: 49.3 and 48.2 degrees F; there was no temperature log to determine how long the refrigerators had been outside the temperature range; and the refrigerator storing inventory medications was reported to have an electronic temperature

monitoring system, yet staff were unable to provide an electronic history nor was there a manual log, constituting multiple violations of NAC 639.527.

APPLICABLE LAW

4. Performing any duties as a license or registration holder in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

5. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

6. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

7. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

8. Any violation of any of the provisions of NRS Chapter 639 or NAC Chapter 639 by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

COUNT ONE

Violation of Federal Controlled Substances Act

9. Based upon the allegations in Paragraph 3 herein, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR

1304.04 and 21 CFR 1304.11. As the managing pharmacists of Evergreen at the time of the violations alleged herein, Nigmatova and Santos are therefore subject to discipline pursuant to NRS 639.210(11), (12) and (15), NRS 639.220(1) and/or NAC 639.702. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Evergreen is responsible for those violations, including all errors and omissions of pharmacy personnel, and subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

COUNT TWO
Violations of State Law

10. Based upon the allegations in Paragraph 3 herein, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.235, NRS 453.251, NRS 453.475, NAC 639.240(1), NAC 639.245(1), NAC 639.247(1)(b), NAC 639.250(1), NAC 639.254(2), NAC 639.485, NAC 639.487, NAC 639.523 and/or NAC 639.527. As the managing pharmacists of Evergreen at the time of the violations alleged herein, Nigmatova and Santos are therefore subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Evergreen is subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

COUNT THREE
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

11. By their conduct as alleged in Paragraph 3 herein, Nigmatova and Santos have performed their duties as managing pharmacists in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4). As the pharmacy/pharmacy owner at which the unprofessional conduct alleged herein occurred, Evergreen is subject to discipline pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration/licenses of these Respondents.

Signed this 21st day of April 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NAZOKAT NIGMATOVA, RPH,** **Certificate of Registration No. 20601,** **Respondent.**	**Case No. 23-007-RPH-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of APRIL 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NAZOMAT NIGMATOVA, RPH** **Certificate of Registration No. 20601,** **Respondent.**	**Case No. 23-007-RPH-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

NAZOMAT NIGMATOVA, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of April 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Evergreen Pharmacy
4110 S Maryland Pkwy. #17
Las Vegas, NV 89119

Paula Lynne Santos
[redacted]
Las Vegas, NV [redacted]

Nazokat Nigmatova
[redacted]
Las Vegas, NV [redacted]

Nazokat Nigmatova c/o
Evergreen Pharmacy
4110 S Maryland Pkwy. #17
Las Vegas, NV 89119

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
MAY - 8 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **vs.** **NAZOKAT NIGMATOVA, RPH** **Certificate of Registration No. 20601,** **Respondent.**	**Case No. 23-007-RPH-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. **That her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds:**

The allegations are vague and overbroad. There are three (3) Respondents and approximately ten (10) allegations listed on the Notice of Intended Action and Accusation (the "NIAA"). The NIAA, however, does not specify which allegations apply to which Respondent. The NIAA does not clearly state which allegations pertain to me and, subsequently, without clear understanding of the allegations, the listed violations ("counts") do not clearly demonstrate why any of these apply to me.

The allegations listed in the NIAA appear to be the result of an annual inspection of Evergreen Pharmacy that was conducted on January 5, 2023, well beyond the time of my employment with Evergreen Pharmacy, and well beyond the time of my responsibility and control of the ongoing operations of Evergreen Pharmacy. As such, any attempt to penalize me based on these allegations must be denied and/or rejected.

2. **That, in answer to the Notice of Intended Action and Accusation, she admits, denies, and alleges as follows:**

A. I was employed as the PIC of Evergreen from January 12, 2022 until October 24, 2022. Prior to my employment, Evergreen's PCI was Pamela Kalyan. Following my employment, Pamela still remained as a pharmacist at Evergreen. In May 2022, however, due to significant personal matters, I moved to New York to live with my Mother. Between May and October 2022, I traveled back and forth to Evergreen to perform my responsibilities while they sought out a new PIC. All the while, Pamela helped to maintain all required records and documentation. As of October 24, 2022, my responsibilities as PIC of Evergreen Pharmacy had ended.

B. On January 5, 2023, I was neither employed by Evergreen Pharmacy, nor was I present at the annual inspection described in the Notice of Intended Action and Accusation.

C. I performed a biennial controlled substance inventory when I first began as PIC, in June 2022, and again in October 2022 upon my termination as PIC. After October 2022, I had no control over the maintenance and record keeping of these inventories. I also have no knowledge of how or when "white-out" appeared in any of the sections.

D. I maintained a manual CII log and electronic CII records during my employment as PIC of Evergreen. Following my termination, I have no knowledge of how or where these records were kept and/or maintained.

E. While employed as PIC, I maintained a log of pharmacy personnel on duty. Following my termination, I have no knowledge of how or where these records were kept and/or maintained.

F. As noted in (C) above, I performed a biennial controlled substance inventory when I first began as PIC, in June 2022, and again in October 2022 upon my termination as PIC. Following my termination, I have no knowledge of how or where these records were kept and/or maintained.

G. Following my October 2022 termination from Evergreen Pharmacy, I have no knowledge of how or where training records were kept and/or maintained.

H. As noted in (B) above, on January 5, 2023, I was neither employed by Evergreen Pharmacy, nor was I present at the annual inspection described in the Notice of Intended Action and Accusation. As such, I can neither admit nor deny as to the number of pharmacists to technicians working that day.

I. I monitored and maintained proper refrigeration temperatures while employed as PIC. As noted in (B) and (H) above, on January 5, 2023, I was neither employed by Evergreen Pharmacy, nor was I present at the annual inspection described in the Notice of Intended Action and Accusation. As such, I can neither admit nor deny as to the temperature and/or log of the medication refrigerators at Evergreen Pharmacy, and I have no knowledge of how or where these records were kept and/or maintained.

3. Respondent concludes that:

In regard to COUNT ONE, I have neither violated, attempted to violate, assisted, or abetted in the violation of nor conspired to violate 21 CFR 1304.04; 1304.11. The violations alleged in the Notice of Intended Action and Accusation are in January 2023—NOT while I was "a managing pharmacist of Evergreen" and, therefore, I must NOT be "subject to discipline pursuant to NRS 639.210(11), (12) and (15), NRS 639.220(1) and/or NAC 639.702."

In regard to COUNT TWO, I have neither violated, attempted to violate, assisted, or abetted in the violation of nor conspired to violate NRS 453.235; 251; 475; NAC 639.240(1); 245(1); 247(1)(b); 250(1); 254(2); 485; 487; 523; and/or 527. The violations alleged in the Notice of Intended Action and Accusation are in January 2023—NOT while I was "a managing

pharmacist of Evergreen" and, therefore, I must NOT be "subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702."

In regard to COUNT THREE, the violations alleged in the Notice of Intended Action and Accusation are in January 2023—NOT while I was performing my "duties as managing pharmacist[]" and, therefore, no justification to allege that I am "incompetent, unskillful or negligent" or "engaged in unprofessional conduct" during my employment as PIC of Evergreen. Therefore, I must NOT be "subject to discipline pursuant to NRS 639.210(4)."

Following my termination from Evergreen Pharmacy, my move to New York, and my subsequent return to Nevada, I have requested, been responsible for, and passed several pharmacy inspections without any noted violations of law. There is absolutely no evidence that any of these allegations pertain to me, or that they existed during my employment at Evergreen Pharmacy. As such, any attempt to penalize me based on these allegations must be denied and/or rejected.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 8 day of May 2025.

NAZOKAT NIGMATOVA, RPH

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FILED
JUL 2 5 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ANNETTE ASBURY, APRN,** **Certificate of Registration No. CS25810,** **Respondent.**	**CASE NO. 23-290-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Annette Asbury, APRN, held a Nevada controlled substance registration, Certificate of Registration No. CS25810, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent was engaged in practice at Metabolic Restoration, located at 8879 W Flamingo Road Ste 102 in Las Vegas, during the relevant times frames herein.

3. On July 15, 2023, Respondent emailed a resignation statement to Metabolic Restoration owner Nicole Canada without securing and locking the medication storage area containing Respondent's inventory of dangerous drugs. Canada is not a Nevada-licensed practitioner.

4. A Board investigation subsequently revealed that Respondent failed to properly label, segregate and/or dispose of adulterated and/or expired dangerous drugs, including open multi-dose vials.

APPLICABLE LAW

5. No person may possess a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213; NRS 454.316; NRS 639.100(1).

6. All controlled substances and dangerous drugs in the possession of an advanced practice registered nurse must be kept in a locked storage area with access restricted to authorized persons. NAC 639.898(1).

7. The Board may suspend or revoke the certificate of registration of an advanced practice registered nurse that has failed to maintain the security of his or her drug supply. NAC 639.900(12).

8. The breach of the seal of a multi-dose container must be documented and the contents used within 28 days. NAC 639.67057(2).

9. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601(1).

10. The adulteration of a drug or the sale of an adulterated drug (as defined in NRS 585.380) is prohibited by law. NRS 585.520(1) and (2).

11. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.900(4).

12. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, including, without limitation, any provision of chapter 453, 454 or 639 of NRS or any regulation pertaining thereto, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12); NAC 639.900(14).

13. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT

Violations of State Law - Failure to Maintain Security of Dangerous Drugs

14. By failing to secure her inventory of dangerous drugs as alleged in paragraph 3 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.898(1), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.900(12) and (14) and/or NRS 639.210(12).

SECOND COUNT

Violations of State Law – Adulterated Multi-Dose Vial

15. By failing to properly label, segregate and/or dispose of adulterated and/or expired dangerous drugs to ensure they could not be administered to patients, as alleged in paragraph 4 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 585.520(1) and (2), NAC 639.601(1), and/or NAC 639.67057(2), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

THIRD COUNT

Unprofessional Conduct

16. By her conduct as alleged in paragraphs 3-4 herein, Respondent performed her duties as the holder of a controlled substance registrations in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(i), and is subject to discipline pursuant to NRS 639.210(4) and/or NAC 639.900(4).

FOURTH COUNT

Commission of Acts that Render Registration Inconsistent with the Public Interest

17. By her conduct as alleged in paragraphs 3-4 herein, Respondent has committed acts that render registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 25th day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ANNETTE ASBURY, APRN,** **Certificate of Registration No. CS25810,** **Respondent.**	**CASE NO. 23-290-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, October 15, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 25th day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ANNETTE ASBURY, APRN,** **Certificate of Registration No. CS25810,** **Respondent.**	**CASE NO. 23-290-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Annette Asbury, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of July 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Annette Asbury, APRN
[redacted]
Las Vegas, NV [redacted]

Asbury and Associates Healthcare, LLC
c/o Annette Asbury, APRN
2400 W Charleston Blvd
Las Vegas, NV 89102

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ANNETTE ASBURY, APRN,** **Certificate of Registration No. CS25810,** **Respondent.**	**CASE NO. 23-290-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Annette Asbury, APRN, Certificate of Registration No. CS25810, by and through counsel, Craig K. Perry, Esq., **HEREBY STIPULATE AND AGREE THAT**:.

1. On or about July 28, 2925, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing. Respondent is entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

3. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. By failing to secure her inventory of dangerous drugs upon resigning from Metabolic Restoration, Respondent violated NAC 639.898(1);

B. By failing to properly label, segregate and/or dispose of adulterated and/or expired dangerous drugs to ensure they could not be administered to patients, Respondent violated NRS 585.520(1) and (2), NAC 639.601(1), and/or NAC 639.67057(2); and

C. By her conduct Respondent engaged in unprofessional conduct as defined in NAC 639.945(i), and committed acts that render her registration inconsistent with the public interest and defined in NRS 453.231(1).

6. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1)(c), NRS 453.241(1), NRS 639.210, NRS 639.255 and/or NAC 639.900.

7. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Annette Asbury, APRN, Certificate of Registration No. CS25810,, stipulate to the following penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding her duties and responsibilities as a practitioner under NRS Chapters 453, 454 and 639;

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations, by personal, business,

certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2025; and

C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2025.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

9. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 15, 2025. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

10. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

11. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the

merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

12. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order,

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 30 day of September 2025

ANNETTE ASBURY, APRN
Certificate of Registration No. CS25810

Signed this ___ day of _____ 2025

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 30th day of September 2025

CRAIG K. PERRY, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Annette Asbury, APRN, Certificate of Registration No. CS25810, in Case No. 23-290-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October, 2025.

_____

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #3844, Pharmacy License No. PH01123,** **KERRY OTERO, RPH, Certificate of Registration No. 20516, and** **KIMBERLY LAI, RPH, Certificate of Registration No. 23211,** **Respondents.**	**CASE NOS. 23-401-PH-S** **23-401-RPH-A-S** **23-401-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Kerry Otero, RPh (Otero), Certificate of Registration No. 20516, and Respondent Kimberly Lai, RPh (Lai), Certificate of Registration No. 23211, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #3844, Pharmacy License No. PH01123, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Otero was employed as managing pharmacist of Walgreens Pharmacy #3844 located at 5011 E Sahara Avenue in Las Vegas, and Lai employed as a staff pharmacist at Walgreens Pharmacy #2445, located in Orlando Florida, at the time of the events alleged herein.

3. On August 10, 2023, Walgreens Pharmacy #3844 received an electronic prescription for Seroquel 50mg oral tablets issued by practitioner A.M. for patient A.B. The Walgreens pharmacy computer system designated this prescription no. 5446148.

4. On August 10, 2023, pharmaceutical technician Kendra Budjenska, who is employed by Walgreens Pharmacy #21147 located in Chandler Arizona and is not registered with the Board, remotely performed data entry, erroneously entering Sertraline 50mg oral tablets.

5. Lai remotely performed data entry verification activity and failed to detect the error.

6. Otero performed final product verification and counseling and dispensed prescription no. 5446148 to the patient on August 11, 2023, failing to detect the error.

7. Patient A.B. ingested the medication and experienced discomfort but did not require medical intervention.

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Lai)

8. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

9. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription. NAC 639.252 and NAC 639.702.

10. Lai engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed data entry verification activity for prescription no. 5446148 and failed to detect the erroneous entry of Sertraline 50mg oral tablets rather than the Seroquel 50mg oral tablets as prescribed, and is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Otero)

11. A pharmacist shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness and communicate matters with the patient which will enhance drug therapy. NRS 639.266(1); NAC 639.707(1) and (4).

12. Otero violated NRS 639.266(1) and NAC 639.707(1) and (4), and/or engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed final product verification and patient counseling in the course of dispensing prescription no. 5446148 and failed to detect the erroneous entry of Sertraline 50mg oral tablets rather than the Seroquel 50mg oral tablets as prescribed, and is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

COUNT THREE

Pharmacy/Pharmacy Owner Responsibility

(Respondent Walgreens Pharmacy #3844)

13. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

14. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Walgreens Pharmacy #3844 is responsible for those violations, including all errors and omissions of Respondents Lai and Otero and any other pharmacy personnel in the course of erroneously filling and dispensing prescription no. 5446148, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license and certificates of registration of these Respondents.

Signed this 5th day of SEPTEMBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #3844,** **Pharmacy License No. PH01123,** **Respondent.**	**Case No. 23-401-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, October 15, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 5th day of SEPTEMBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #3844,** **Pharmacy License No. PH01123,** **Respondent.**	**Case No. 23-401-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR
Walgreens Pharmacy #3844

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Walgreens Pharmacy #3844
5011 E Sahara Ave
Las Vegas, NV 89142

Walgreens Pharmacy #3844
c/o William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Walgreens Pharmacy #3844
c/o Kelly Otero
5011 E Sahara Ave
Las Vegas, NV 89142

Kelly Otero
[redacted]
Las Vegas, NV [redacted]

Kimberly Lai
[redacted]
Las Vegas, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #3844,** **Pharmacy License No. PH01123,** **KERRY OTERO, RPH,** **Certificate of Registration No. 20516, and** **KIMBERLY LAI, RPH,** **Certificate of Registration No. 23211,** **Respondents.**	**CASE NOS. 23-401-PH-S** **23-401-RPH-A-S** **23-401-RPH-B-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Brett Kandt, General Counsel, and Respondent Walgreens Pharmacy #3844, Pharmacy License No. PH01123, Respondent Kerry Otero, RPh (Otero), Certificate of Registration No. 20516, and Respondent Kimberly Lai, RPh (Lai), Certificate of Registration No. 23211, jointly by and through counsel**,** William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about September 8, 2025, Board Staff served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing. Respondents are entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

3. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which

may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

5. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Lai engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed data entry verification activity for prescription no. 5446148 and failed to detect the erroneous entry of Sertraline 50mg oral tablets rather than the Seroquel 50mg oral tablets as prescribed, and is therefore subject to discipline pursuant to NRS 639.210(4).

B. Otero violated NRS 639.266(1) and NAC 639.707(1) and (4), and/or engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed final product verification and patient counseling in the course of dispensing prescription no. 5446148 and failed to detect the erroneous entry of Sertraline 50mg oral tablets rather than the Seroquel 50mg oral tablets as prescribed, and is therefore subject to discipline pursuant to NRS 639.210(4).

C. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law occurred, Respondent Walgreens Pharmacy #3844 is responsible for those violations, including all errors and omissions of Respondents Lai and Otero and any other

pharmacy personnel in the course of erroneously filling and dispensing prescription no. 5446148, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

6. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Kerry Otero, RPh, Certificate of Registration No. 20516, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Otero shall pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Otero shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Kimberly Lai, RPh, Certificate of Registration No. 23211, stipulate to the following penalties:

C. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Lai shall pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

D. Pursuant to NRS 622.400, Respondent Lai shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #3844, Pharmacy License No. PH01123, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #3844 shall pay a fine of Two Thousand Dollars ($2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #3844 shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 15, 2025. Respondents will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located

at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2025.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2025.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2025

_____
WALGREENS PHARMACY #3844
Pharmacy License No. PH01123

Signed this ___ day of _____ 2025

Signed this ___ day of _____ 2025

_____
KERRY OTERO, RPH
Certificate of Registration No. 20516

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

_____
KIMBERLY LAI, RPH
Certificate of Registration No. 23211

Signed this ___ day of _____ 2025

_____
WILLIAM J. STILLING, ESQ.
Counsel for Respondents

_____
BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 24th **day of** September **2025**

WALGREENS PHARMACY #3844
Pharmacy License No. PH01123

Signed this ___ day of _____ 2025

KERRY OTERO, RPH
Certificate of Registration No. 20516

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

KIMBERLY LAI, RPH
Certificate of Registration No. 23211

Signed this ___ day of _____ 2025

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2025

WALGREENS PHARMACY #3844
Pharmacy License No. PH01123

Signed this 27 **day of** September **2025**

KERRY OTERO, RPH
Certificate of Registration No. 20516

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

KIMBERLY LAI, RPH
Certificate of Registration No. 23211

Signed this ___ day of _____ 2025

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2025

_____
WALGREENS PHARMACY #3844
Pharmacy License No. PH01123

Signed this ___ day of _____ 2025

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KERRY OTERO, RPH
Certificate of Registration No. 20516

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

_____
WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

_____
KIMBERLY LAI, RPH
Certificate of Registration No. 23211

Signed this 26 day of Sept 2025

_____
BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2025

_____
WALGREENS PHARMACY #3844
Pharmacy License No. PH01123

Signed this ___ day of _____ 2025

_____
KERRY OTERO, RPH
Certificate of Registration No. 20516

APPROVED AS TO FORM AND CONTENT
this 29th day of September 2025

_____
WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

_____
KIMBERLY LAI, RPH
Certificate of Registration No. 23211

Signed this ___ day of _____ 2025

_____
BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #3844, Pharmacy License No. PH01123, Respondent Kerry Otero, RPh, Certificate of Registration No. 20516, and Respondent Kimberly Lai, RPh, Certificate of Registration No. 23211, in Case Nos. 23-401-PH-S, 23-401-RPH-A-S, and 23-401-RPH-B-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October 2025.

_____
Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5F

FILED
SEP 05 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #3844, Pharmacy License No. PH01123,** **KERRY OTERO, RPH, Certificate of Registration No. 20516, and** **KIMBERLY LAI, RPH, Certificate of Registration No. 23211,** **Respondents.**	**CASE NOS. 23-401-PH-S** **23-401-RPH-A-S** **23-401-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Kerry Otero, RPh (Otero), Certificate of Registration No. 20516, and Respondent Kimberly Lai, RPh (Lai), Certificate of Registration No. 23211, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #3844, Pharmacy License No. PH01123, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Otero was employed as managing pharmacist of Walgreens Pharmacy #3844 located at 5011 E Sahara Avenue in Las Vegas, and Lai employed as a staff pharmacist at Walgreens Pharmacy #2445, located in Orlando Florida, at the time of the events alleged herein.

3. On August 10, 2023, Walgreens Pharmacy #3844 received an electronic prescription for Seroquel 50mg oral tablets issued by practitioner A.M. for patient A.B. The Walgreens pharmacy computer system designated this prescription no. 5446148.

4. On August 10, 2023, pharmaceutical technician Kendra Budjenska, who is employed by Walgreens Pharmacy #21147 located in Chandler Arizona and is not registered with the Board, remotely performed data entry, erroneously entering Sertraline 50mg oral tablets.

5. Lai remotely performed data entry verification activity and failed to detect the error.

6. Otero performed final product verification and counseling and dispensed prescription no. 5446148 to the patient on August 11, 2023, failing to detect the error.

7. Patient A.B. ingested the medication and experienced discomfort but did not require medical intervention.

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Lai)

8. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

9. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription. NAC 639.252 and NAC 639.702.

10. Lai engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed data entry verification activity for prescription no. 5446148 and failed to detect the erroneous entry of Sertraline 50mg oral tablets rather than the Seroquel 50mg oral tablets as prescribed, and is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Otero)

11. A pharmacist shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness and communicate matters with the patient which will enhance drug therapy. NRS 639.266(1); NAC 639.707(1) and (4).

12. Otero violated NRS 639.266(1) and NAC 639.707(1) and (4), and/or engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed final product verification and patient counseling in the course of dispensing prescription no. 5446148 and failed to detect the erroneous entry of Sertraline 50mg oral tablets rather than the Seroquel 50mg oral tablets as prescribed, and is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

COUNT THREE

Pharmacy/Pharmacy Owner Responsibility

(Respondent Walgreens Pharmacy #3844)

13. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

14. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Walgreens Pharmacy #3844 is responsible for those violations, including all errors and omissions of Respondents Lai and Otero and any other pharmacy personnel in the course of erroneously filling and dispensing prescription no. 5446148, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license and certificates of registration of these Respondents.

Signed this 5th day of September 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KERRY OTERO, RPH,** **Certificate of Registration No. 20516,** **Respondent.**	**Case No. 23-401-RPH-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, October 15, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 5th day of September 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KERRY OTERO, RPH,** **Certificate of Registration No. 20516,** **Respondent.**	**Case No. 23-401-RPH-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Kerry Otero, RPh

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Walgreens Pharmacy #3844
5011 E Sahara Ave
Las Vegas, NV 89142

Walgreens Pharmacy #3844
c/o William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Walgreens Pharmacy #3844
c/o Kelly Otero
5011 E Sahara Ave
Las Vegas, NV 89142

Kelly Otero
[redacted]
Las Vegas, NV [redacted]

Kimberly Lai
[redacted]
Las Vegas, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #3844,** **Pharmacy License No. PH01123,** **KERRY OTERO, RPH,** **Certificate of Registration No. 20516, and** **KIMBERLY LAI, RPH,** **Certificate of Registration No. 23211,** **Respondents.**	**CASE NOS. 23-401-PH-S** **23-401-RPH-A-S** **23-401-RPH-B-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Brett Kandt, General Counsel, and Respondent Walgreens Pharmacy #3844, Pharmacy License No. PH01123, Respondent Kerry Otero, RPh (Otero), Certificate of Registration No. 20516, and Respondent Kimberly Lai, RPh (Lai), Certificate of Registration No. 23211, jointly by and through counsel**,** William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about September 8, 2025, Board Staff served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing. Respondents are entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

3. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which

may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

5. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Lai engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed data entry verification activity for prescription no. 5446148 and failed to detect the erroneous entry of Sertraline 50mg oral tablets rather than the Seroquel 50mg oral tablets as prescribed, and is therefore subject to discipline pursuant to NRS 639.210(4).

B. Otero violated NRS 639.266(1) and NAC 639.707(1) and (4), and/or engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed final product verification and patient counseling in the course of dispensing prescription no. 5446148 and failed to detect the erroneous entry of Sertraline 50mg oral tablets rather than the Seroquel 50mg oral tablets as prescribed, and is therefore subject to discipline pursuant to NRS 639.210(4).

C. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law occurred, Respondent Walgreens Pharmacy #3844 is responsible for those violations, including all errors and omissions of Respondents Lai and Otero and any other

pharmacy personnel in the course of erroneously filling and dispensing prescription no. 5446148, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

6. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Kerry Otero, RPh, Certificate of Registration No. 20516, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Otero shall pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Otero shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Kimberly Lai, RPh, Certificate of Registration No. 23211, stipulate to the following penalties:

C. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Lai shall pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

D. Pursuant to NRS 622.400, Respondent Lai shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #3844, Pharmacy License No. PH01123, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #3844 shall pay a fine of Two Thousand Dollars ($2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #3844 shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 15, 2025. Respondents will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located

at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2025.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2025.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2025

_____
WALGREENS PHARMACY #3844
Pharmacy License No. PH01123

Signed this ___ day of _____ 2025

Signed this ___ day of _____ 2025

_____
KERRY OTERO, RPH
Certificate of Registration No. 20516

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

_____
KIMBERLY LAI, RPH
Certificate of Registration No. 23211

Signed this ___ day of _____ 2025

_____
WILLIAM J. STILLING, ESQ.
Counsel for Respondents

_____
BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 24th **day of** September **2025**

WALGREENS PHARMACY #3844
Pharmacy License No. PH01123

Signed this ___ day of _____ 2025

KERRY OTERO, RPH
Certificate of Registration No. 20516

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

KIMBERLY LAI, RPH
Certificate of Registration No. 23211

Signed this ___ day of _____ 2025

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2025

_____
WALGREENS PHARMACY #3844
Pharmacy License No. PH01123

Signed this 27 **day of** September **2025**

_____
KERRY OTERO, RPH
Certificate of Registration No. 20516

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

_____
WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

_____
KIMBERLY LAI, RPH
Certificate of Registration No. 23211

Signed this ___ day of _____ 2025

_____
BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2025

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Pharmacy License No. PH01123

Signed this ___ day of _____ 2025

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KERRY OTERO, RPH
Certificate of Registration No. 20516

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

_____
WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

_____
KIMBERLY LAI, RPH
Certificate of Registration No. 23211

Signed this 26 day of Sept 2025

_____
BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2025

_____
WALGREENS PHARMACY #3844
Pharmacy License No. PH01123

Signed this ___ day of _____ 2025

_____
KERRY OTERO, RPH
Certificate of Registration No. 20516

APPROVED AS TO FORM AND CONTENT
this 29th day of September 2025

_____
WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

_____
KIMBERLY LAI, RPH
Certificate of Registration No. 23211

Signed this ___ day of _____ 2025

_____
BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #3844, Pharmacy License No. PH01123, Respondent Kerry Otero, RPh, Certificate of Registration No. 20516, and Respondent Kimberly Lai, RPh, Certificate of Registration No. 23211, in Case Nos. 23-401-PH-S, 23-401-RPH-A-S, and 23-401-RPH-B-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October 2025.

_____
Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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FILED
SEP 05 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #3844, Pharmacy License No. PH01123,** **KERRY OTERO, RPH, Certificate of Registration No. 20516, and** **KIMBERLY LAI, RPH, Certificate of Registration No. 23211,** **Respondents.**	**CASE NOS. 23-401-PH-S** **23-401-RPH-A-S** **23-401-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Kerry Otero, RPh (Otero), Certificate of Registration No. 20516, and Respondent Kimberly Lai, RPh (Lai), Certificate of Registration No. 23211, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #3844, Pharmacy License No. PH01123, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Otero was employed as managing pharmacist of Walgreens Pharmacy #3844 located at 5011 E Sahara Avenue in Las Vegas, and Lai employed as a staff pharmacist at Walgreens Pharmacy #2445, located in Orlando Florida, at the time of the events alleged herein.

3. On August 10, 2023, Walgreens Pharmacy #3844 received an electronic prescription for Seroquel 50mg oral tablets issued by practitioner A.M. for patient A.B. The Walgreens pharmacy computer system designated this prescription no. 5446148.

4. On August 10, 2023, pharmaceutical technician Kendra Budjenska, who is employed by Walgreens Pharmacy #21147 located in Chandler Arizona and is not registered with the Board, remotely performed data entry, erroneously entering Sertraline 50mg oral tablets.

5. Lai remotely performed data entry verification activity and failed to detect the error.

6. Otero performed final product verification and counseling and dispensed prescription no. 5446148 to the patient on August 11, 2023, failing to detect the error.

7. Patient A.B. ingested the medication and experienced discomfort but did not require medical intervention.

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Lai)

8. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

9. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription. NAC 639.252 and NAC 639.702.

10. Lai engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed data entry verification activity for prescription no. 5446148 and failed to detect the erroneous entry of Sertraline 50mg oral tablets rather than the Seroquel 50mg oral tablets as prescribed, and is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Otero)

11. A pharmacist shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness and communicate matters with the patient which will enhance drug therapy. NRS 639.266(1); NAC 639.707(1) and (4).

12. Otero violated NRS 639.266(1) and NAC 639.707(1) and (4), and/or engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed final product verification and patient counseling in the course of dispensing prescription no. 5446148 and failed to detect the erroneous entry of Sertraline 50mg oral tablets rather than the Seroquel 50mg oral tablets as prescribed, and is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

COUNT THREE

Pharmacy/Pharmacy Owner Responsibility

(Respondent Walgreens Pharmacy #3844)

13. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

14. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Walgreens Pharmacy #3844 is responsible for those violations, including all errors and omissions of Respondents Lai and Otero and any other pharmacy personnel in the course of erroneously filling and dispensing prescription no. 5446148, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license and certificates of registration of these Respondents.

Signed this 5th day of SEPTEMBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KIMBERLY LAI, RPH,** **Certificate of Registration No. 23211,** **Respondent.**	**Case No. 23-401-RPH-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, October 15, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 5th day of SEPTEMBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KIMBERLY LAI, RPH,** **Certificate of Registration No. 23211,** **Respondent.**	**Case No. 23-401-RPH-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Kimberly Lai, RPh

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Walgreens Pharmacy #3844
5011 E Sahara Ave
Las Vegas, NV 89142

Walgreens Pharmacy #3844
c/o William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Walgreens Pharmacy #3844
c/o Kelly Otero
5011 E Sahara Ave
Las Vegas, NV 89142

Kelly Otero
[redacted]
Las Vegas, NV [redacted]

Kimberly Lai
[redacted]
Las Vegas, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #3844,** **Pharmacy License No. PH01123,** **KERRY OTERO, RPH,** **Certificate of Registration No. 20516, and** **KIMBERLY LAI, RPH,** **Certificate of Registration No. 23211,** **Respondents.**	**CASE NOS. 23-401-PH-S** **23-401-RPH-A-S** **23-401-RPH-B-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Brett Kandt, General Counsel, and Respondent Walgreens Pharmacy #3844, Pharmacy License No. PH01123, Respondent Kerry Otero, RPh (Otero), Certificate of Registration No. 20516, and Respondent Kimberly Lai, RPh (Lai), Certificate of Registration No. 23211, jointly by and through counsel**,** William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about September 8, 2025, Board Staff served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing. Respondents are entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

3. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which

may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

5. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Lai engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed data entry verification activity for prescription no. 5446148 and failed to detect the erroneous entry of Sertraline 50mg oral tablets rather than the Seroquel 50mg oral tablets as prescribed, and is therefore subject to discipline pursuant to NRS 639.210(4).

B. Otero violated NRS 639.266(1) and NAC 639.707(1) and (4), and/or engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed final product verification and patient counseling in the course of dispensing prescription no. 5446148 and failed to detect the erroneous entry of Sertraline 50mg oral tablets rather than the Seroquel 50mg oral tablets as prescribed, and is therefore subject to discipline pursuant to NRS 639.210(4).

C. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law occurred, Respondent Walgreens Pharmacy #3844 is responsible for those violations, including all errors and omissions of Respondents Lai and Otero and any other

pharmacy personnel in the course of erroneously filling and dispensing prescription no. 5446148, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

6. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Kerry Otero, RPh, Certificate of Registration No. 20516, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Otero shall pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Otero shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Kimberly Lai, RPh, Certificate of Registration No. 23211, stipulate to the following penalties:

C. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Lai shall pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

D. Pursuant to NRS 622.400, Respondent Lai shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #3844, Pharmacy License No. PH01123, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #3844 shall pay a fine of Two Thousand Dollars ($2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #3844 shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 15, 2025. Respondents will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located

at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2025.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2025.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2025

_____
WALGREENS PHARMACY #3844
Pharmacy License No. PH01123

Signed this ___ day of _____ 2025

Signed this ___ day of _____ 2025

_____
KERRY OTERO, RPH
Certificate of Registration No. 20516

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

_____
KIMBERLY LAI, RPH
Certificate of Registration No. 23211

Signed this ___ day of _____ 2025

_____
WILLIAM J. STILLING, ESQ.
Counsel for Respondents

_____
BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 24th **day of** September **2025**

WALGREENS PHARMACY #3844
Pharmacy License No. PH01123

Signed this ___ day of _____ 2025

KERRY OTERO, RPH
Certificate of Registration No. 20516

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

KIMBERLY LAI, RPH
Certificate of Registration No. 23211

Signed this ___ day of _____ 2025

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2025

_____
WALGREENS PHARMACY #3844
Pharmacy License No. PH01123

Signed this 27 **day of** September **2025**

_____
KERRY OTERO, RPH
Certificate of Registration No. 20516

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

_____
WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

_____
KIMBERLY LAI, RPH
Certificate of Registration No. 23211

Signed this ___ day of _____ 2025

_____
BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2025

_____
WALGREENS PHARMACY #3844
Pharmacy License No. PH01123

Signed this ___ day of _____ 2025

_____
KERRY OTERO, RPH
Certificate of Registration No. 20516

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

_____
WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

_____
KIMBERLY LAI, RPH
Certificate of Registration No. 23211

Signed this 26 day of Sept 2025

_____
BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2025

_____
WALGREENS PHARMACY #3844
Pharmacy License No. PH01123

Signed this ___ day of _____ 2025

_____
KERRY OTERO, RPH
Certificate of Registration No. 20516

APPROVED AS TO FORM AND CONTENT
this 29th day of September 2025

_____
WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

_____
KIMBERLY LAI, RPH
Certificate of Registration No. 23211

Signed this ___ day of _____ 2025

_____
BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #3844, Pharmacy License No. PH01123, Respondent Kerry Otero, RPh, Certificate of Registration No. 20516, and Respondent Kimberly Lai, RPh, Certificate of Registration No. 23211, in Case Nos. 23-401-PH-S, 23-401-RPH-A-S, and 23-401-RPH-B-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October 2025.

_____
Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5H

FILED
JUL 25 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #07841, Pharmacy License No. PH01942, and** **JUAN PEIDRA FLORES, RPH, Certificate of Registration No. 20887,** **Respondents.**	**CASE NOS. 23-500-PH-S** **23-500-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Juan Peidra Flores, RPh (Flores), Certificate of Registration No. 20887, was a pharmacist registered with the Board, and Respondent Walgreens Pharmacy #07841, Pharmacy License No. PH01942, was a pharmacy licensed by the Board.

2. On September 6, 2023, in Case No. 22-359-RPH-S, the Board imposed discipline against Flores pursuant to NRS 639.210(4) and NRS 639.255 consisting of a $1,000 fine and $500 in recoverable attorney's fees and costs for an error in a prescription.

3. On or about February 7, 2025, in Case No. 24-309-PH-S, Board staff issued a citation and $1,000 fine against Walgreens Pharmacy #07841 pursuant to NRS 639.2895 for an error in a prescription and failure to counsel.

FACTUAL ALLEGATIONS

4. Flores was employed as managing pharmacist of Walgreens Pharmacy #7841 at the time of the events alleged herein.

5. On December 11, 2023, a prescription to be refilled for Prenate DHA capsules, NDC 75854-0312-30, issued by practitioner J.F. for patient K.M., was transferred from Walgreens Pharmacy #11206 to Walgreens Pharmacy #07841. The Walgreens pharmacy computer system designated this prescription no. 3040250.

6. Pharmaceutical technician Ashley Baniaga performed data entry, erroneously entering Prenatal DHA 200mg capsules, NDC 40985-0273-84, and filled the prescription.

7. Flores performed data entry verification activity and final product verification and failed to detect the error, and prescription no. 3040250 was dispensed to the patient on December 12, 2023.

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Flores)

8. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

9. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription. NAC 639.252 and NAC 639.702.

10. Flores engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he performed data entry verification activity and final product verification for prescription no. 3040250 and failed to detect the erroneous entry by PT Baniaga of Prenatal

DHA 200mg capsules rather than the Prenate DHA capsules as prescribed, and is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility

(Respondent Walgreens Pharmacy #07841)

11. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

12. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Walgreens Pharmacy #7841 is responsible for those violations, including all errors and omissions of Respondent Flores and any other pharmacy personnel in the course of erroneously filling and dispensing prescription no. 3040250, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license and certificates of registration of these Respondents.

Signed this 25th day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway -- Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #07841, Pharmacy License No. PH01942,** **Respondent.**	**Case No. 23-500-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you..

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, October 15, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 25th day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #07841, Pharmacy License No. PH01942,** **Respondent.**	**Case No. 23-500-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #07841

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of August 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Walgreens Pharmacy #07841
10510 Southern Highlands Pkwy
Las Vegas, NV 89141

Walgreens Pharmacy #07841 c/o
William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #07841, Pharmacy License No. PH01942, and** **JUAN PEIDRA FLORES, RPH, Certificate of Registration No. 20887,** **Respondents.**	**CASE NOS. 23-500-PH-S** **23-500-RPH-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Brett Kandt, General Counsel, and Respondent Walgreens Pharmacy #07841, Pharmacy License No. PH01942, and Respondent Juan Peidra Flores, RPh (Flores), Certificate of Registration No. 20887, jointly by and through counsel**,** William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about August 20, 2025, Board Staff served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing. Respondents are entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

3. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

5. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Flores engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he performed data entry verification activity and final product verification for prescription no. 3040250 and failed to detect the erroneous entry by PT Baniaga of Prenatal DHA 200mg capsules rather than the Prenate DHA capsules as prescribed, and is therefore subject to discipline pursuant to NRS 639.210(4); and

B. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Walgreens Pharmacy #07841 is responsible for those violations, including all errors and omissions of Respondent Flores and any other pharmacy personnel in the course of erroneously filling and dispensing prescription no. 3040250, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

6. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Juan Peidra Flores, RPh, Certificate of Registration No. 20887, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Flores shall pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Flores shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #07841, Pharmacy License No. PH01942, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #07841 shall pay a fine of Two Thousand Dollars ($2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #07841 shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 15, 2025. Respondents will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2025.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2025.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.
AGREED:

Signed this ___ day of _____ 2025

WALGREENS PHARMACY #07841
Pharmacy License No. PH01942

Signed this ___ day of _____ 2025

JUAN PEIDRA FLORES, RPH
Certificate of Registration No. 20887

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #07841, Pharmacy License No. PH01942, and Respondent Juan Peidra Flores, RPh, Certificate of Registration No. 20887, in Case Nos. 23-500-PH-S and 23-500-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October 2025.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.
AGREED:

Signed this 24th **day of** September **2025**

WALGREENS PHARMACY #07841
Pharmacy License No. PH01942

Signed this ___ day of _____ 2025

JUAN PEIDRA FLORES, RPH
Certificate of Registration No. 20887

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #07841, Pharmacy License No. PH01942, and Respondent Juan Peidra Flores, RPh, Certificate of Registration No. 20887, in Case Nos. 23-500-PH-S and 23-500-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October 2025.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.
AGREED:

Signed this ___ day of _____ 2025

WALGREENS PHARMACY #07841
Pharmacy License No. PH01942

Signed this 26 day of September 2025

JUAN PEIDRA FLORES, RPH
Certificate of Registration No. 20887

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #07841, Pharmacy License No. PH01942, and Respondent Juan Peidra Flores, RPh, Certificate of Registration No. 20887, in Case Nos. 23-500-PH-S and 23-500-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October 2025.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.
AGREED:

Signed this ___ day of _____ 2025

WALGREENS PHARMACY #07841
Pharmacy License No. PH01942

Signed this ___ day of _____ 2025

JUAN PEIDRA FLORES, RPH
Certificate of Registration No. 20887

APPROVED AS TO FORM AND CONTENT
this 29th day of September 2025

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #07841, Pharmacy License No. PH01942, and Respondent Juan Peidra Flores, RPh, Certificate of Registration No. 20887, in Case Nos. 23-500-PH-S and 23-500-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October 2025.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #07841, Pharmacy License No. PH01942, and** **JUAN PEIDRA FLORES, RPH, Certificate of Registration No. 20887,** **Respondents.**	**CASE NOS. 23-500-PH-S** **23-500-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Juan Peidra Flores, RPh (Flores), Certificate of Registration No. 20887, was a pharmacist registered with the Board, and Respondent Walgreens Pharmacy #07841, Pharmacy License No. PH01942, was a pharmacy licensed by the Board.

2. On September 6, 2023, in Case No. 22-359-RPH-S, the Board imposed discipline against Flores pursuant to NRS 639.210(4) and NRS 639.255 consisting of a $1,000 fine and $500 in recoverable attorney's fees and costs for an error in a prescription.

3. On or about February 7, 2025, in Case No. 24-309-PH-S, Board staff issued a citation and $1,000 fine against Walgreens Pharmacy #07841 pursuant to NRS 639.2895 for an error in a prescription and failure to counsel.

FACTUAL ALLEGATIONS

4. Flores was employed as managing pharmacist of Walgreens Pharmacy #7841 at the time of the events alleged herein.

5. On December 11, 2023, a prescription to be refilled for Prenate DHA capsules, NDC 75854-0312-30, issued by practitioner J.F. for patient K.M., was transferred from Walgreens Pharmacy #11206 to Walgreens Pharmacy #07841. The Walgreens pharmacy computer system designated this prescription no. 3040250.

6. Pharmaceutical technician Ashley Baniaga performed data entry, erroneously entering Prenatal DHA 200mg capsules, NDC 40985-0273-84, and filled the prescription.

7. Flores performed data entry verification activity and final product verification and failed to detect the error, and prescription no. 3040250 was dispensed to the patient on December 12, 2023.

COUNT ONE

Unprofessional Conduct – Error in Dispensing Prescription

(Respondent Flores)

8. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes a registrant performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

9. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription. NAC 639.252 and NAC 639.702.

10. Flores engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he performed data entry verification activity and final product verification for prescription no. 3040250 and failed to detect the erroneous entry by PT Baniaga of Prenatal

DHA 200mg capsules rather than the Prenate DHA capsules as prescribed, and is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility

(Respondent Walgreens Pharmacy #07841)

11. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

12. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Walgreens Pharmacy #7841 is responsible for those violations, including all errors and omissions of Respondent Flores and any other pharmacy personnel in the course of erroneously filling and dispensing prescription no. 3040250, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license and certificates of registration of these Respondents.

Signed this 21 day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JUAN PEIDRA FLORES, RPH,** **Certificate of Registration No. 20887,** **Respondent.**	**Case No. 23-500-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, October 15, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 15th day of July 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JUAN PEIDRA FLORES, RPH,** **Certificate of Registration No. 20887,** **Respondent.**	**Case No. 23-500-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

JUAN PEIDRA FLORES, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of August 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Juan P. Flores, RPH
[redacted]
Las Vegas, NV [redacted]

Juan P. Flores, RPH c/o
Walgreens Pharmacy #07841
10510 Southern Highlands Pkwy
Las Vegas, NV 89141

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #07841, Pharmacy License No. PH01942, and** **JUAN PEIDRA FLORES, RPH, Certificate of Registration No. 20887,** **Respondents.**	**CASE NOS. 23-500-PH-S** **23-500-RPH-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through Brett Kandt, General Counsel, and Respondent Walgreens Pharmacy #07841, Pharmacy License No. PH01942, and Respondent Juan Peidra Flores, RPh (Flores), Certificate of Registration No. 20887, jointly by and through counsel**,** William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about August 20, 2025, Board Staff served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing. Respondents are entering this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.

2. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

3. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

5. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Flores engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he performed data entry verification activity and final product verification for prescription no. 3040250 and failed to detect the erroneous entry by PT Baniaga of Prenatal DHA 200mg capsules rather than the Prenate DHA capsules as prescribed, and is therefore subject to discipline pursuant to NRS 639.210(4); and

B. As the pharmacy/pharmacy owner at which the unprofessional conduct and violations of law alleged herein occurred, Respondent Walgreens Pharmacy #07841 is responsible for those violations, including all errors and omissions of Respondent Flores and any other pharmacy personnel in the course of erroneously filling and dispensing prescription no. 3040250, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

6. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Juan Peidra Flores, RPh, Certificate of Registration No. 20887, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Flores shall pay a fine of One Thousand Dollars ($1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Flores shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #07841, Pharmacy License No. PH01942, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #07841 shall pay a fine of Two Thousand Dollars ($2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #07841 shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 15, 2025. Respondents will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2025.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by December 1, 2025.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.
AGREED:

Signed this ___ day of _____ 2025

WALGREENS PHARMACY #07841
Pharmacy License No. PH01942

Signed this ___ day of _____ 2025

JUAN PEIDRA FLORES, RPH
Certificate of Registration No. 20887

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #07841, Pharmacy License No. PH01942, and Respondent Juan Peidra Flores, RPh, Certificate of Registration No. 20887, in Case Nos. 23-500-PH-S and 23-500-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October 2025.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.
AGREED:

Signed this 24th **day of** September **2025**

WALGREENS PHARMACY #07841
Pharmacy License No. PH01942

Signed this ___ day of _____ 2025

JUAN PEIDRA FLORES, RPH
Certificate of Registration No. 20887

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #07841, Pharmacy License No. PH01942, and Respondent Juan Peidra Flores, RPh, Certificate of Registration No. 20887, in Case Nos. 23-500-PH-S and 23-500-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October 2025.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.
AGREED:

Signed this ___ day of _____ 2025

WALGREENS PHARMACY #07841
Pharmacy License No. PH01942

Signed this 26 day of September 2025

JUAN PEIDRA FLORES, RPH
Certificate of Registration No. 20887

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #07841, Pharmacy License No. PH01942, and Respondent Juan Peidra Flores, RPh, Certificate of Registration No. 20887, in Case Nos. 23-500-PH-S and 23-500-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October 2025.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.
AGREED:

Signed this ___ day of _____ 2025

WALGREENS PHARMACY #07841
Pharmacy License No. PH01942

Signed this ___ day of _____ 2025

JUAN PEIDRA FLORES, RPH
Certificate of Registration No. 20887

APPROVED AS TO FORM AND CONTENT
this 29th day of September 2025

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

Signed this ___ day of _____ 2025

BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #07841, Pharmacy License No. PH01942, and Respondent Juan Peidra Flores, RPh, Certificate of Registration No. 20887, in Case Nos. 23-500-PH-S and 23-500-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October 2025.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SUSAN LEE NYTES, APRN,** **Certificate of Registration No. CS34530,** **Respondent.**	**CASE NO. 24-213-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Susan Lee Nytes, APRN, held a Nevada controlled substance registration, Certificate of Registration No. CS34530, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about September 13, 2012, the Iowa Board of Nursing (IBN) and Respondent entered a settlement agreement in Case No. 10-147, imposing discipline on Respondent's IBN License No. 119268 to practice nursing for cause relating to controlled substances.

3. Respondent failed to disclose to the Board the disciplinary order in IBN Case No. 10-147 on her 2022 application for a controlled substance registration, and was subsequently issued Certificate of Registration No. CS34530.

4. Respondent issued at least one hundred forty-eight (68) controlled substance prescriptions for ninety (90) unique patients in Nevada between April 18, 2024, and June 11,

2024, without a valid registration from the U.S. Drug Enforcement Administration (DEA) for Nevada and without a valid practice location on file with the Board.

5. On or about June 13, 2024, Board staff served Respondent with an order to immediately cease and desist prescribing controlled substances for Nevada patients without a valid DEA registration for Nevada.

6. On or about January 16, 2025, the Nevada State Board of Nursing (NSBN) and Respondent entered a settlement agreement and order in Case Nos. 2023100062, 2024040122 and 2024060231, imposing discipline on Respondent's NSBN License No. 835435 to practice nursing for engaging in conduct in violation of the standards of practice established by the NSBN, specifically for violation of NRS 632,347(1)(g) and NAC 632.890(26) related to unsafely prescribing controlled substances.

7. Respondent failed to timely report to the Board the disciplinary action in NSBN Case Nos. 2023100062, 2024040122 and 2024060231.

APPLICABLE LAW

8. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance in Nevada. 21 U.S.C. § 822(a)(2) and (e)(1); 21 U.S.C. § 823(f); 21 C.F.R. § 1301.12; 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

9. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

10. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in conformance with the requirements of NRS 639.2391-.23914, *inclusive*. 21 CFR § 1306.04(a); NRS 453.381(1).

11. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1)(e); NRS 639.281(1).

12. Registration must be for a valid practice location. 21 U.S.C. § 822(e)(1); 21 C.F.R. § 1301.12; NAC 453.130; NAC 639.846.

13. The holder of a controlled substance registration shall report any administrative action taken against the holder by any professional licensing board not later than 30 days after the final disposition of the administrative action. NAC 639.229(1)(b).

14. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

15. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

16. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

17. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

18. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

19. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

20. The Board may suspend or revoke a controlled substance registration upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE
Furnishing False Material Information to Board

21. By failing to disclose to the Board the disciplinary order in IBN Case No. 10-147 on her 2022 application for a controlled substance registration, Respondent violated NRS 453.331(l)(e) and NRS 639.281(1), and is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1), NRS 639.210(9) and/or NRS 639.210(12).

COUNT TWO
Obtaining Registration by False or Fraudulent Application

22. By failing to disclose to the Board the disciplinary order in IBN Case No. 10-147 on her 2022 application for a controlled substance registration, Respondent is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1) and/or NRS 639.210(10).

COUNT THREE
Violations of Federal Controlled Substances Act – Unlawfully Issuing Prescriptions

23. By issuing controlled substance prescriptions without a valid DEA registration for Nevada, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2) and (e)(1), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 C.F.R. § 1301.12 and/or 21 CFR § 1306.03(a)(1). By unsafely prescribing controlled substances as detailed in the NSBN's order in Case Nos. 2023100062, 2024040122 and 2024060231, violated, attempted to violate, assisted or abetted in the violation of or conspired to

violate 21 CFR § 1306.04(a). Respondent is therefore subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(11).

COUNT FOUR

Violations of State Controlled Substances Act – Unlawfully Issuing Prescriptions

24. By issuing controlled substance prescriptions without a valid DEA registration for Nevada and without a valid practice location on file with the Board, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1), NRS 639.2813(1), NAC 453.130 and/or NAC 639.846. By unsafely prescribing controlled substances as detailed in the NSBN's order in Case Nos. 2023100062, 2024040122 and 2024060231, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.381(1) and/or NRS 639.2391-.23914, *inclusive*. Respondent is therefore subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(12).

COUNT FIVE

Violation of State Law – Failure to Report

25. By failing to timely report to the Board the disciplinary action in NSBN Case Nos. 2023100062, 2024040122 and 2024060231, Respondent violated NAC 639.229(1)(b) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

COUNT SIX

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

26. By issuing controlled substance prescriptions without a valid DEA registration for Nevada and without a valid practice location on file with the Board, by unsafely prescribing controlled substances as detailed in the NSBN's order in Case Nos. 2023100062, 2024040122 and 2024060231, and by failing to timely report to the Board the NSBN's disciplinary action, Respondent has performed her duties as the holder of a Nevada controlled substance registration

in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT SEVEN

Unprofessional Conduct – Prescribing without DEA Registration for Nevada

27. By issuing controlled substance prescriptions without a valid DEA registration for Nevada, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT EIGHT

Commission of Acts that Render Registration Inconsistent with the Public Interest

28. By her actions and omissions as alleged herein, Respondent has committed acts that render her registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 5th day of September 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SUSAN LEE NYTES, APRN,** **Certificate of Registration No. CS34530,** **Respondent.**	**Case No. 24-213-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 5th day of September 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SUSAN LEE NYTES, APRN,** **Certificate of Registration No. CS34530,** **Respondent.**	**Case No. 24-213-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

SUSAN LEE NYTES, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 12th day of Sept. 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Susan Nytes, APRN
[redacted]
Las Vegas, NV [redacted]

Susan Nytes, APRN c/o
Advanced Pain Management and Addiction
6135 Harrison Dr.
Las Vegas, NV 89120

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

JOE LOMBARDO
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA
BOARD OF PHARMACY
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

September 17, 2025

VIA CERTIFIED MAIL AND ELECTRONIC MAIL TO: [redacted]@aol.com

Susan Lee Nytes, APRN
Certificate of Registration No. CS34530
6135 Harrison Dr. #3A
Las Vegas, NV 89120

Re: Notice of Suspension of PMP Access (Case No. 24-213-CS-S)

Dear Ms. Nytes:

The Nevada State Board of Pharmacy (Board) has determined that on or about September 16, 2025, you unlawfully accessed the Prescription Monitoring Program (PMP) database, and reviewed and subsequently disseminated the patient utilization report for J.S., with whom you have not established a bona fide therapeutic (practitioner-patient) relationship.

You access to the PMP database is suspended pursuant to NAC 453.078. The Board will conduct a hearing on the suspension of your PMP access at the next regularly scheduled meeting of the Board on October 15, 2025, pursuant to NAC 453.084.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

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FILED
SEP 22 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SUSAN LEE NYTES, APRN,** **Certificate of Registration No. CS34530,** **Respondent.**	**CASE NO. 24-213-CS-S** **FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Susan Lee Nytes, APRN, held a Nevada controlled substance registration, Certificate of Registration No. CS34530, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about September 13, 2012, the Iowa Board of Nursing (IBN) and Respondent entered a settlement agreement in Case No. 10-147, imposing discipline on Respondent's IBN License No. 119268 to practice nursing for cause relating to controlled substances.

3. Respondent failed to disclose to the Board the disciplinary order in IBN Case No. 10-147 on her 2022 application for a controlled substance registration, and was subsequently issued Certificate of Registration No. CS34530.

4. Respondent issued at least one hundred forty-eight (68) controlled substance prescriptions for ninety (90) unique patients in Nevada between April 18, 2024, and June 11, 2024, without a valid registration from the U.S. Drug Enforcement Administration (DEA) for Nevada and without a valid practice location on file with the Board.

5. On or about June 13, 2024, Board staff served Respondent with an order to immediately cease and desist prescribing controlled substances for Nevada patients without a valid DEA registration for Nevada.

6. On or about January 16, 2025, the Nevada State Board of Nursing (NSBN) and Respondent entered a settlement agreement and order in Case Nos. 2023100062, 2024040122 and 2024060231, imposing discipline on Respondent's NSBN License No. 835435 to practice nursing for engaging in conduct in violation of the standards of practice established by the NSBN, specifically for violation of NRS 632,347(1)(g) and NAC 632.890(26) related to unsafely prescribing controlled substances.

7. Respondent failed to timely report to the Board the disciplinary action in NSBN Case Nos. 2023100062, 2024040122 and 2024060231.

8. On or about September 16, 2025, Respondent unlawfully accessed the Prescription Monitoring Program (PMP) database, and reviewed and subsequently disseminated the patient utilization report for J.S., with whom Respondent had not established a bona fide therapeutic relationship.

9. On or about September 17, 2025, Respondent's access to the PMP database was suspended pursuant to NAC 453.078.

APPLICABLE LAW

10. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance in Nevada. 21 U.S.C. § 822(a)(2) and (e)(1); 21

U.S.C. § 823(f); 21 C.F.R. § 1301.12; 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.1375; NRS 639.235(1).

11. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

12. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in conformance with the requirements of NRS 639.2391-.23914, *inclusive*. 21 CFR § 1306.04(a); NRS 453.381(1).

13. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1)(e); NRS 639.281(1).

14. Registration must be for a valid practice location. 21 U.S.C. § 822(e)(1); 21 C.F.R. § 1301.12; NAC 453.130; NAC 639.846.

15. The holder of a controlled substance registration shall report any administrative action taken against the holder by any professional licensing board not later than 30 days after the final disposition of the administrative action. NAC 639.229(1)(b).

16. Patient utilization reports and all data in the PMP database constitute Protected Health Information (PHI); unauthorized access constitutes a criminal offense. 42 U.S.C. §1320d-6; 45 C.F.R. Part 160 and Part 164, Subparts A and E; NRS 453.164(8); NRS 453.552(2).

17. The Executive Secretary on behalf of the Board may suspend or terminate, before a hearing, the Internet access of a practitioner to the PMP database if the practitioner accesses the database for an unauthorized purpose. NAC 453.078; NAC 453.084.

18. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.900(4).

19. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.900(4).

20. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9); NAC 639.900(8).

21. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1)(a); NRS 639.210(10); NAC 639.900(9).

22. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11); NAC 639.900(10).

23. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12); NAC 639.900(14).

24. The Board may suspend or revoke a controlled substance registration upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE
Furnishing False Material Information to Board

25. By failing to disclose to the Board the disciplinary order in IBN Case No. 10-147 on her 2022 application for a controlled substance registration as alleged in paragraph 3 herein, Respondent violated NRS 453.331(l)(e) and NRS 639.281(1), and is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1), NRS 639.210(9), NRS 639.210(12) and/or NAC 639.900(8).

COUNT TWO

Obtaining Registration by False or Fraudulent Application

26. By failing to disclose to the Board the disciplinary order in IBN Case No. 10-147 on her 2022 application for a controlled substance registration as alleged in paragraph 3 herein, Respondent is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1), NRS 639.210(10) and/or NAC 639.900(9).

COUNT THREE

Violations of Federal Controlled Substances Act – Unlawfully Issuing Prescriptions

27. By issuing controlled substance prescriptions without a valid DEA registration for Nevada and without a valid practice location as alleged in paragraph 4 herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2) and (e)(1), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 C.F.R. § 1301.12 and/or 21 CFR § 1306.03(a)(1). By unsafely prescribing controlled substances as detailed in the NSBN's order in Case Nos. 2023100062, 2024040122 and 2024060231, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 1306.04(a). Respondent is therefore subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(11) and/or NAC 639.900(10).

COUNT FOUR

Violations of State Controlled Substances Act – Unlawfully Issuing Prescriptions

28. By issuing controlled substance prescriptions without a valid DEA registration for Nevada and without a valid practice location as alleged in paragraph 4 herein, Respondent

falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.1375, NRS 639.235(1), NRS 639.2813(1), NAC 453.130 and/or NAC 639.846. By unsafely prescribing controlled substances as detailed in the NSBN's order in Case Nos. 2023100062, 2024040122 and 2024060231, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.381(1) and/or NRS 639.2391-.23914, *inclusive*. Respondent is therefore subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(12), NRS 639.23916(3)(b) and/or NAC 639.900(14).

COUNT FIVE

Violation of State Law – Failure to Report

29. By failing to timely report to the Board the disciplinary action in NSBN Case Nos. 2023100062, 2024040122 and 2024060231, as alleged in paragraph 7 herein, Respondent violated NAC 639.229(1)(b) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(12) and/or NAC 639.900(14).

COUNT SIX

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

30. By issuing controlled substance prescriptions without a valid DEA registration for Nevada and without a valid practice location on file with the Board, by unsafely prescribing controlled substances as detailed in the NSBN's order in Case Nos. 2023100062, 2024040122 and 2024060231, and by failing to timely report to the Board the NSBN's disciplinary action, Respondent has performed her duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and is subject to discipline pursuant to NRS 453.236(1), NRS 639.210(4) and NAC 639.900(4).

COUNT SEVEN

Unprofessional Conduct – Prescribing without DEA Registration for Nevada

31. By issuing controlled substance prescriptions without a valid DEA registration for Nevada, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(4) and/or NAC 639.900(4).

COUNT EIGHT

Violations of Law - Prescription Monitoring Program

32. By unlawfully accessed the Prescription Monitoring Program (PMP) database and reviewed the patient utilization report for J.S., with whom Respondent had not established a bona fide therapeutic relationship, as alleged in paragraph 8 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 42 U.S.C. §1320d-6, 45 C.F.R. Part 160 and Part 164, Subparts A and E, NRS 453.164(8) and/or NRS 453.552(2), and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT NINE

Commission of Acts that Render Registration Inconsistent with the Public Interest

33. By her actions and omissions as alleged herein, Respondent has committed acts that render her registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 22nd day of September 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SUSAN LEE NYTES, APRN,** **Certificate of Registration No. CS34530,** **Respondent.**	**Case No. 24-213-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, October 15, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 22nd day of SEPTEMBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SUSAN LEE NYTES, APRN,** **Certificate of Registration No. CS34530,** **Respondent.**	**Case No. 24-213-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the First Amended Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the First Amended Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the First Amended Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

SUSAN LEE NYTES, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of September 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Susan Nytes, APRN
[redacted]
Las Vegas, NV [redacted]

Advanced Pain Management & Addiction
c/o Susan Nytes, APRN
6135 Harrison Drive #3A
Las Vegas, NV 89120

Advanced Pain Management & Addiction
c/o Susan Nytes, APRN
2850 W Horizon Ridge Pkwy. Ste. 200-218
Las Vegas, NV 89052

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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FILED
JUL 24 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KRISTIN A. HESTDALEN, MD,** **Certificate of Registration No. CS38528,** **Respondent.**	**CASE NO. 25-020-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this Respondent because, at the time of the events alleged herein, Respondent Kristin A. Hestdalen, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS38528, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent has a documented history of substance abuse as detailed in the Stipulation and Order for Recovery Program and Monitoring entered on March 4, 2021, by the Nevada State Board of Medical Examiners (NSBME) in Investigation No. 19-19208.

3. On or about June 17, 2024, the NSBME entered an order granting Respondent's request to return her License No. 10215 to practice medicine to active status with the condition that successfully completed a preceptor plan for twelve (12) months under the supervision of Dr. Byron Czerniski, a Senior Psychiatrist at Lakes Crossing.

4. On or about September 5, 2024, Respondent appeared before the Board and her application for a controlled substance registration was conditionally approved under the terms previously ordered by the NBME.

5. On or about January 14, 2025, the NSBME entered an order in Case No. 25-25351-1, and summarily suspended Respondent's License No. 10215 to practice medicine for cause after Dr. Czerniski terminated his preceptorship on January 6 and reported his concerns about Respondent as she arrived at Lakes Crossing in an "altered" status, was disorganized and smelled of alcohol.

6. On or about January 21, 2025, Board staff served Respondent with notice that the suspension of her NSBME License No. 10215 to practice medicine operated as an immediate suspension of her Certificate of Registration No. CS38528 with the Board pursuant to NRS 639.2107.

APPLICABLE LAW

7. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NAC 453.210; NRS 639.100(1); NRS 639.235(1).

8. The Board may suspend or revoke a controlled substance registration if the holder becomes or is intoxicated or under the influence of liquor, any depressant drug or a controlled substance, unless taken pursuant to a lawfully issued prescription, while on duty in any establishment licensed by the Board. NRS 639.210(3).

9. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest as defined in NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

10. Violating any term or condition of an order issued by the Board or the staff of the Board constitutes unprofessional conduct or conduct contrary to the public interest as defined in

NAC 639.945(1)(l) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

11. The Board may suspend or revoke a controlled substance registration upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

12. The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe or dispense drugs. NRS 639.2107.

13. The pre-hearing suspension of any certificate, license or registration of a practitioner pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

COUNT ONE
Intoxication While on Duty

14. By reporting to Lakes Crossing in an intoxicated state on January 6,. 2025, Respondent is subject to discipline pursuant to NRS 639.210(3).

COUNT TWO
Unprofessional Conduct – Failure to Comply with Board Order

15. By failing to comply with the terms imposed by the Board for issuance of her controlled substance registration on September 5, 2024, Respondent has violated a Board order and therefore engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(l), and is subject to discipline pursuant to NRS 639.210(4).

COUNT THREE
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

16. By her actions as alleged herein, Respondent performed her duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(i), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT FOUR

Commission of Acts that Render Registration Inconsistent with the Public Interest

17. By her actions as alleged herein, Respondent has committed acts that render her registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

COUNT FIVE

Not Qualified for Registration

18. By the suspension of her NSBME License No. 10215 to practice medicine, Respondent no longer qualifies for registration to dispense controlled substances under federal or state law and her Certificate of Registration No. CS38528 is subject to revocation pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 24 day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KRISTIN A. HESTDALEN, MD,** **Certificate of Registration No. CS38528,** **Respondent.**	**Case No. 25-020-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KRISTIN A. HESTDALEN, MD,** **Certificate of Registration No. CS38528,** **Respondent.**	**Case No. 25-020-CS-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

KRISTIN A. HESTDALEN, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of July 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Kristin Hestdalen c/o Lakes Crossings Center
500 Galletti Way
Sparks, NV 89431

Kristin Hestdalen c/o Lyn E. Beggs, Esq.
Law Offices of Lyn E. Beggs, PLLC
316 California Ave. #863
Reno, NV 89509

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
AUG 29 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KRISTIN A. HESTDALEN, M.D.** **Certificate of Registration No. CS38528** **Respondent.**	**Case No. 25-020-CS-N** **ANSWER AND NOTICE OF DEFENSE OF RESPONDENT TO ACCUSATION**

Respondent Kristin A. Hestdalen hereby files with the Nevada State Board of Pharmacy ("Board"), her Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on July 24, 2025.

ANSWER TO ACCUSATION

Jurisdiction

Dr. Hestdalen agrees that the Board has jurisdiction in this matter as set forth in Paragraph 1 of the Accusation. Dr. Hestdalen further answers the Factual Allegations set forth in the Accusation as follows:

Factual Allegations: Paragraphs 2-6

Paragraph 2: Dr. Hestdalen declines to answer Paragraph 2 as the document referred to is a confidential document pursuant to NRS 630.336(4) and to Dr. Hestdalen's knowledge has never been made public by the Nevada State Board of Medical Examiners (NSBME).

Paragraph 3: Dr. Hestdalen agrees with factual assertions set forth in Paragraph 3.

Paragraph 4: Dr. Hestdalen agrees with factual assertions set forth in Paragraph 4.

Paragraph 5: Dr. Hestdalen agrees with factual assertions set forth in Paragraph 5 to the extent that her preceptorship was terminated and the NSBME issued an order of summary suspension.

Paragraph 6: Dr. Hestdalen agrees with the factual assertions contained in Paragraph 6.

Applicable Law: Paragraphs 7-13

Dr. Hestdalen acknowledges that paragraphs 7-13 generally reflect the content of the statues and regulations cited therein.

Counts: Paragraphs 14-18

Paragraph 14/Count One: Dr. Hestdalen denies the allegations contained in Paragraph 14 and asserts that she was not intoxicated as alleged in Count One.

Paragraph 15/Count Two: Dr. Hestdalen denies the allegations in Paragraph 15.

Paragraph 16/Count Three: Dr. Hestdalen denies the allegations in Paragraph 16 and asserts that at no time during her preceptorship did she utilize her Nevada Controlled Substance Registration to write any controlled substances and any prescriptions written were written solely under her medical license.

Paragraph 17/Count Four: Dr. Hestdalen denies the allegations in Paragraph 17.

Paragraph 18/Count Five: Dr. Hestdalen denies the allegations contained in Paragraph 18 as the suspension of her medical license was lifted and Dr. Hestdalen's medical license was placed in inactive status pursuant to a settlement agreement approved on June 3, 2025.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Dr. Hestdalen acknowledges that she has struggled with issues related to alcohol. In January 2025, Dr. Hestdalen admits that she did consume alcohol in violation of the orders in place

with the Board and the NSBME, but denies that she was ever intoxicated while on duty. As noted above, Dr. Hestdalen did not write any prescriptions during the time that she was working at Northern Nevada Adult Mental Health pursuant to her preceptorship.

After her preceptorship was terminated in January 2025, Dr. Hestdalen entered into a residential treatment which she successfully completed in late March 2025. Dr. Hestdalen was discharged with aftercare requirements including continuing participation in her monitoring program which she remains in compliance with. Dr. Hestdalen continues to maintain her recovery and sobriety and is looking forward to preparing herself to request a return to active status with the NSBME.

Respectfully submitted this 29th day of August, 2025.

Lyn E. Beggs, Esq.
Attorney for Respondent Kristin Hestdalen, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KRISTEN A. HESTDALEN, MD,** **Certificate of Registration No. CS38528,** **Respondent.**	**CASE NOS. 25-020-CS-N** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Kristin A. Hestdalen, MD, Certificate of Registration No. CS38528, by and through counsel, Law Offices of Lyn E. Beggs, PLLC, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about July 24, 2025, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about August 29, 2025, Respondent filed an Answer and Notice of Defense to the Amended Accusation.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Amended Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that:

A. By failing to comply with the terms imposed by the Board for issuance of her controlled substance registration on September 5, 2024, Respondent has violated a Board order and engaged in unprofessional conduct as defined in NAC 639.945(i) and (l), and committed acts that render her registration inconsistent with the public interest as defined in NRS 453.231(1)(e); and

B. By the suspension of her NSBME License No. 10215 to practice medicine for cause, Respondent no longer qualifies for registration to dispense controlled substances under federal or state law and her Certificate of Registration No. CS38528 is subject to revocation.

7. Those violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties:

A. The registration of Respondent Kristin A. Hestdalen, MD, Certificate of Registration No. CS38528, is hereby revoked pursuant to NRS 453.241(l)(b).

B. Respondent may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until she has petitioned the

Board for reinstatement pursuant to NRS 639.257 and the Board reinstates her certificate of registration.

C. Pursuant to NRS 622A.410(1) and 639.257(1), Respondent may not petition for reinstatement of her certificate of registration for a period of one (1) year from the effective date of this Order.

D. In the event Respondent applies for reinstatement of her certificate of registration, or applies for any other certificate, license or permit with the Board, she shall appear before the Board to answer questions and give testimony regarding her application, her compliance with this Order, and the facts and circumstances underlying this matter.

E. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by April 1, 2026.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline consistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 15, 2025. Respondent will appear in person or through counsel at the meeting to answer questions from the

Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 23rd day of September 2025

KRISTEN A. HESTDALEN, MD
Certificate of Registration No. CS38528

Signed this ___ day of _____ 2025

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 23 day of September 2025

LYN E. BEGGS, ESQ.
Counsel for Respondent

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Kristin A. Hestdalen, MD, Certificate of Registration No. CS38528, in Case No. 25-020-CS-N, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October 2025.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2025

KRISTEN A. HESTDALEN, MD
Certificate of Registration No. CS38528

Signed this ___ day of _____ 2025

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

LYN E. BEGGS, ESQ.
Counsel for Respondent

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Kristin A. Hestdalen, MD, Certificate of Registration No. CS38528, in Case No. 25-020-CS-N, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October 2025.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **BERNARD BROOKS, RPH,** **Certificate of Registration No. 20571,** **Respondent.**	**Case No. 25-031-RPH-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this Respondent because, at the time of the events alleged herein, Respondent Bernard Brooks, RPh, Certificate of Registration No. 20571, was a pharmacist registered with the Board.

FACTUAL ALLEGATIONS

2. On or about May 22, 2024, pursuant to NRS 639.2895 the Board issued a citation to Respondent in Case No. 24-184-RPH-N and assessed an administrative fine of $500 for failing to complete required continuing education units in violation of NAC 639.330.

3. In 2012, Respondent was convicted on a charge of underage drinking and possession of alcohol in the state of Wisconsin.

4. On or about August 15, 2013, Respondent was convicted on a misdemeanor charge of simple assault in the District of Columbia, Superior Court.

5. Respondent failed to disclose these convictions to the Board on his 2020 application for registration as a pharmacist.

6. Respondent was employed as managing pharmacist at Walgreens Pharmacy #02474, Pharmacy License No. PH01939, located at 3000 Vista Blvd. in Sparks, Nevada, at the time of the events alleged herein.

7. From 2022 through 2024, Walgreens employees routinely observed Respondent intoxicated while performing his duties as managing pharmacist at Walgreens Pharmacy #02474.

8. On multiple occasions Walgreens Pharmacy #02474 had to close early due to Respondent's impaired state and inability to perform his duties as managing pharmacist.

9. On or about April 15, 2025, Respondent was terminated from employment by Walgreens Pharmacy #02474 for cause.

COUNT ONE
Furnishing False Material Information to Board

10. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 639. NRS 639.281(1).

11. By failing to disclose his convictions to the Board on his 2020 application for registration as a pharmacist as alleged in paragraphs 3-5 herein, Respondent violated NRS 639.281(1), and is subject to discipline pursuant to NRS 639.210(9) and/or NRS 639.210(12).

COUNT TWO
Obtaining Registration by False or Fraudulent Application

12. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

13. By failing to disclose his convictions to the Board on his 2020 application for registration as a pharmacist as alleged in paragraphs 3-5 herein, Respondent is subject to discipline pursuant to NRS 639.210(10).

COUNT THREE

Intoxicated While on Duty in Licensed Pharmacy

14. Becoming intoxicated or under the influence of liquor will on duty in any establishment licensed by the Board is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(3).

15. By performing his duties as managing pharmacist at Walgreens Pharmacy #02474 while intoxicated as alleged in paragraphs 6-9 herein, Respondent is subject to discipline pursuant to NRS 639.210(3).

COUNT FOUR

Unprofessional Conduct - Incompetent, Unskillful or Negligent Performance of Duties

16. Performing any duties as the holder of a pharmacist registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

17. By performing his duties as managing pharmacist at Walgreens Pharmacy #02474 while intoxicated as alleged in paragraphs 6-9 herein, Respondent has performed his duties as the holder of a pharmacist registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 639.210(4).

COUNT FIVE

Violation of State Law

18. It is a misdemeanor crime to sell, dispense or compound any prescription or sell any drug while under the influence of intoxicating liquor. NRS 639.283. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

19. By performing his duties as managing pharmacist at Walgreens Pharmacy #02474 while intoxicated as alleged in paragraphs 6-9 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.293 and is subject to discipline pursuant NRS 639.210(12).

COUNT SIX

Substance Abuse Disorder

20. The Board may suspend or revoke a registration if the holder has a substance use disorder. NRS 639.210(5).

21. By his history of alcohol use disorder as alleged herein, Respondent is subject to discipline pursuant to NRS 639.210(5).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 24 day of July 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **BERNARD BROOKS, RPH,** **Certificate of Registration No. 20571,** **Respondent.**	**Case No. 25-031-RPH-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, September 3, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **BERNARD BROOKS, RPH,** **Certificate of Registration No. 20571,** **Respondent.**	**Case No. 25-031-RPH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Bernard Brooks, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of July 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Bernard Brooks, RPH
[redacted]
Sparks, NV [redacted]

Bernard Brooks, RPH c/o
Walgreens Pharmacy #02474
3000 Vista Blvd.
Sparks, NV 89436

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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NEVADA STATE BOARD
OF PHARMACY

The Switlyk Law Firm, P.A.
Andrew Switlyk, No. 16758
50 West Liberty Street, Suite 1100
Reno, Nevada 89501
Telephone: (775) 264-4955
Email: Andrew@Switlyk.law

Attorney for the Respondent
BERNARD BROOKS, RPH

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **BERNARD BROOKS, RPH,** **Certificate of Registration No. 20571,** **Respondent.**	**Case No. 25-031-RPH-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent, BERNARD BROOKS, RPH, by and through his attorney, in answer to the Notice of Intended Action and Accusation (hereinafter "Accusation") filed in the above-entitled matter before the Nevada State Board of Pharmacy, hereby answers to the allegation as follows:

JURISDICTION

1. Answering paragraph 1of the Accusation, the Respondent admits he was a registered pharmacist in the timeframes referenced in the factual allegations section of the Accusation. The remainder of this paragraph contain legal conclusions that do not require a response.

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FACTUAL ALLEGATIONS

2. Answering paragraph 2 of the Accusation, the Respondent admits he paid a fine for failing to complete a required continuing education unit on time and that he completed said continuing education two days after the deadline.
3. Answering paragraph 3 of the Accusation, the Respondent denies it on the grounds the allegations contained within it are vague and ambiguous as to the relevant timeframe, what is meant by "conviction", and what authority the alleged charge of underage drinking was brought and by who. The Respondent further asserts that where this paragraph contains a legal conclusion, no response is required.
4. Answering paragraph 4 of the Accusation, the Respondent denies he was convicted of a misdemeanor charge of simple assault in the District of Columbia, Superior Court, on or about August 15, 2013.
5. Answering paragraph 5 of the Accusation, the Respondent admits his 2020 application for registration as a pharmacist did not disclosures that he was convicted of the allegations contained within paragraphs 3 and 4 of the complaint. As to the characterization or classification of those criminal allegations contained referenced by paragraphs 3 and 4, Respondent would repeats and realleges the answers contained within those respective paragraphs. As to all remaining allegations, Respondent denies the same.
6. Answering paragraph 6 of the Accusation, the Respondent admits he was employed as a managing pharmacist at Walgreens Pharmacy #02474.
7. Answering paragraph 7 of the Accusation, the Respondent is without sufficient knowledge of the employees referenced and the nature of their allegations and therefore

denies the same. The Respondent denies he was ever intoxicated while performing his duties as managing pharmacist at Walgreens Pharmacy #02474.

8. Answering paragraph 8 of the Accusation, The Respondent denies that Walgreens Pharmacy #02474 ever had to close early due to him being in an impaired state or inability to perform his duties because of alcohol or any other intoxicating substance.

9. Answering paragraph 9 of the Accusation, the Respondent is without sufficient knowledge or belief as to date and nature of his termination and therefore denies the same.

COUNT ONE
Furnishing False Material Information to Board

10. Answering paragraphs 10 and 11 of the Accusation, the Respondent states that the paragraphs contain legal conclusions that do not require a response. To the extent said allegations are determined to be factual allegations, the Respondent denies the same.

COUNT TWO
Obtaining Registration by False or Fraudulent Application

11. Answering paragraphs 12 and 13 of the Accusation, the Respondent states that the paragraphs contain legal conclusions that do not require a response. To the extent said allegations are determined to be factual allegations, the Respondent denies the same.

COUNT THREE
Intoxicated While on Duty in Licensed Pharmacy

12. Answering paragraphs 14 and 15 of the Accusation, the Respondent states that the paragraphs contain legal conclusions that do not require a response. To the extent said allegations are determined to be factual allegations, the Respondent denies the same.

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COUNT FOUR

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performances of Duties

13. Answering paragraphs 16 and 17 of the Accusation, the Respondent states that the paragraphs contain legal conclusions that do not require a response. To the extent said allegations are determined to be factual allegations, the Respondent denies the same.

COUNT FIVE

Violation of State Law

14. Answering paragraphs 18 and 19 of the Accusation, the Respondent states that the paragraphs contain legal conclusions that do not require a response. To the extent said allegations are determined to be factual allegations, the Respondent denies the same.

COUNT SIX

Substance Abuse Disorder

15. Answering paragraphs 20 and 21 of the Accusation, the Respondent states that the paragraphs contain legal conclusions that do not require a response. To the extent said allegations are determined to be factual allegations, the Respondent denies the same.

PRAYER FOR RELIEF

WHEREFORE, the Respondent prays for the following relief:

1. That the Nevada State Board of Pharmacy take no action against the Respondent and the Accusation be dismissed with prejudice.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge

DATED: August 8, 2025

The Switlyk Law Firm, P.A.

/s/ Andrew Switlyk
Andrew Switlyk, No. 16758
Attorney for the Respondent

CERTIFICATE OF SERVICE

I certify that I am an employee of The Switlyk Law Firm, P.A., and that on this date, I electronically served, via email, this ANSWER AND NOTICE OF DEFENSE to the following:

The Nevada State Board of Pharmacy's coordinating staff
TeamBC@Pharmacy.nv.gov

Brett Kandt, Esq.
The Prosecuting Attorney
bkandt@pharmacy.nv.gov

DATED: this 8th day of August, 2025.

/s/ Emily Switlyk
Emily Switlyk
An employee of The Switlyk Law Firm, P.A.

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SMITH'S PHARMACY #315, Pharmacy License No. PH03897,** **ALYSSA MERCEDES GARCIA, PT, Certificate of Registration No. PT20499, and** **OCTAVIA LORAINE BROOKS, RPH, Certificate of Registration No. 20950,** **Respondents.**	**CASE NOS. 25-076-PH-S** **25-076-PT-S** **25-076-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Alyssa Garcia, PT (Garcia), Certificate of Registration No. PT20499, was a pharmaceutical technician registered with the Board, Respondent Octavia Loraine Brooks, RPh (Brooks), Certificate of Registration No. 20950, was a pharmacist registered with the Board, and Respondent Smith's Pharmacy #315, Pharmacy License No. PH03897, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Garcia was employed as a pharmaceutical technician by Smith's Pharmacy #315, located at 8525 W Warm Springs Road in Las Vegas, and Brooks was employed as managing pharmacist of the pharmacy, at the time of the events alleged herein.

3. On or about February 13, 2025 Smith's Pharmacy #315 submitted DEA Form 106 documentation to the Board reporting the theft of controlled substances after an investigation produced evidence that Garcia diverted 9515 Alprazolam 1mg tablets, 19,908 Alprazolam 2mg tablets, and 1,018 Tramadol 50mg tablets.

4. On or about January 24, 2025, Respondent was terminated from employment by Smith's Pharmacy #315 due to policy violations and unprofessional conduct related to the theft.

5. The investigation revealed that Brooks failed to comply with Smith's Pharmacy policies and procedures to prevent and detect diversion, including, without limitation, failing to maintain balance on hand (BOH) manual changes reports weekly to review for suspicious or unexplainable manual changes for controlled substances, failing to question and/or research suspicious changes, and failing to research inventory discrepancies and report any evidence of theft or unexplainable loss.

6. On or about March 11, 2025, the Board served Garcia with an order of summary suspension of her Certificate of Registration No. PT20499 pursuant to NRS 233B.127(3) and noticed a hearing before the Board on April 16, 2025. Board staff attempted service of the order of summary suspension on Garcia by certified mail, return receipt requested, addressed to Garcia at her last address of record.

7. Garcia failed to appear at the April 16, 2025, hearing, and the Board upheld the suspension of her Certificate of Registration No. PT20499 pending the filing of an accusation.

APPLICABLE LAW

8. It is a felony offense to acquire a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 843(a)(3); 21 U.S.C. § 846; NRS 453.331(1)(d); NRS 453.391(1).

9. It is a felony offense to possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 844; 21 U.S.C. § 846; NRS 453.336(1); NRS 453.381(8)

10. It is a criminal offense to use a controlled substance except as authorized by law. 42 U.S.C. § 12210; NRS 453.411(1).

11. Pharmacies shall establish and maintain effective controls and procedures to prevent or guard against theft and misuse of controlled substances. NAC 453.400.

12. Supplying or diverting drugs which are legally sold in pharmacies constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

15. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

16. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

17. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of

any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

18. The pre-hearing suspension of any certificate, license or registration of a practitioner pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

COUNT ONE
Unlawful Acquisition of Controlled Substances
(Respondent Garcia)

19. By diverting and acquiring controlled substances as alleged herein, Garcia violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 846, NRS 453.331(1)(d) and/or NRS 453.391(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT TWO
Unlawful Possession of Controlled Substances
(Respondent Garcia)

20. By diverting and possessing controlled substances as alleged herein, Garcia violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 844, 21 U.S.C. § 846, NRS 453.336(1), NRS 453.381(8) and/or NRS 454.316(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT THREE
Unlawful Use of Controlled Substances
(Respondent Garcia)

21. By diverting and using controlled substances as alleged herein, Garcia violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 42 U.S.C. § 12210 and/or NRS 453.411(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT FOUR
Unprofessional Conduct – Diversion
(Respondent Garcia)

22. By diverting controlled substances as alleged herein, Garcia engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4).

COUNT FIVE
Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction
(Respondent Garcia)

23. By diverting controlled substances as alleged herein, Garcia was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

COUNT SIX
Managing Pharmacist Responsibility
(Respondent Brooks)

24. As the managing pharmacist of Smith's Pharmacy #315 at the time of the diversion of controlled substances by Garcia and the related violations of law as alleged herein, and by her failure to comply with Smith's Pharmacy policies and procedures to prevent or guard against theft and misuse of controlled substances in violation of NAC 453.400, Brooks is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

COUNT SEVEN
Pharmacy/Pharmacy Owner Responsibility
(Respondent Smith's Pharmacy #315)

25. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Smith's Pharmacy #315 is responsible for those violations, including all errors and omissions of Respondents Garcia and Brooks, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration and pharmacy license of these Respondents.

Signed this 9th day of June 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SMITH'S PHARMACY #315,** **Pharmacy License No. PH03897,** **Respondent.**	**Case No. 25-076-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 9th day of June 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SMITH'S PHARMACY #315,** **Pharmacy License No. PH03897,** **Respondent.**	**Case No. 25-076-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

AUTHORIZED REPRESENTATIVE FOR SMITH'S PHARMACY #315

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 12th day of June 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Smith's Pharmacy #315
8525 W Warm Springs Rd.
Las Vegas, NV 89113

And via Electronic Mail:
Richard Bowman – (richard.boman@SFDC.com)
Paul Howse – (paul.howse@stores.sfdc.com)

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
JUL 24 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SMITH'S PHARMACY #315,** **Pharmacy License No. PH03897,** **Respondent.**	**Case No. 25-076-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

See attached

Quarles & Brady LLP
Attorneys at Law
One Renaissance Square
Two North Central Avenue
Suite 600
Phoenix, AZ 85004-2322
602-229-5200
Fax 602-229-5690

Writer's Direct Dial: 602-229-5439
E-Mail: Nicholas.Meza@quarles.com

July 22, 2025

VIA EMAIL TRANSMISSION

Brett Kandt
Nevada Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

RE: Response to Notice of Intended Action and Accusation - Case No. 25-076-PH-S
Smith's Pharmacy #315 (License No. PH03897)

Dear Mr. Kandt:

This firm represents Smith's Pharmacy #315 (License No. PH03897) ("the Pharmacy"), located at 8525 W Warm Springs Road, in Las Vegas, Nevada. On or about June 12, 2025, the Pharmacy received the Nevada Board of Pharmacy's (the "Board") Notice of Intended Action and Accusation (the "Accusation") in Case No. 25-076-PH-S. Please accept this letter as the Pharmacy's Answer and Notice of Defense and request to negotiate a stipulated settlement agreement. As described below, the facts giving rise to the Accusation are the unfortunate result of now-terminated pharmacy personnels' departure from clear policies and procedures set forth by the Pharmacy. We respectfully ask that the Board consider the Pharmacy's prompt investigation and corrective action as the parties move forward with settlement discussions.

The Factual Allegations

The Pharmacy does not dispute the factual allegations in the Accusation. This matter results from the diversion of controlled substances by Pharmacy Technician Alyssa Garcia ("Garcia") that was reported by the Pharmacy in February 2025 through submission of a DEA Form 106. As the Accusation notes, the Pharmacy promptly terminated Garcia upon discovery of the diversion and investigated Pharmacist-in-Charge Octavia Brooks ("PIC Brooks") for failure to adhere to the Pharmacy's policies and procedures. The Accusation lists five counts against Garcia for her diversion of Alprazolam and Tramadol tablets, one count against PIC Brooks for failure to comply with policies and procedures to safeguard against theft or misuse of controlled substances, and one count against the Pharmacy for the errors and omissions of Garcia and PIC Brooks as employees of the Pharmacy.

Corrective Actions Taken

As Garcia's and PIC Brooks' employer, the Pharmacy recognizes that it is responsible for any violation caused employee conduct. Notably, however, none of the counts relate specifically to the acts or omissions of the Pharmacy itself. Instead, as the factual allegations highlight, the Pharmacy fulfilled its duties to promptly investigate upon notification of a suspicious order and discipline its employees upon confirmation of diversion.

Specifically, on or about January 22, 2025, Mr. Paul Howse, the Pharmacy Practice Coordinator ("PPC"), was contacted by a supplier regarding a suspicious order placed by the Pharmacy for Alprazolam 1 mg. Upon notification, the PPC immediately opened an investigation into the Pharmacy's controlled substance inventory and submitted a covert count on January 22, 2025, the very same day he was notified of the suspicious order. The investigation revealed that between May 1, 2023, and January 22, 2025, 9,515 alprazolam 1 mg, 19,908 alprazolam 2 mg, and 1,018 tramadol 50 mg tablets were unaccounted for.

On January 27, 2025, just three business days after the suspicious order notification, the Pharmacy interviewed pharmacy associates, including Garcia and PIC Brooks. While Garcia did not admit to theft or diversion of the controlled substances, the Pharmacy confirmed that she was likely responsible after reviewing surveillance footage and determining that changes to the Balance on Hand ("BOH") count occurred while she was present in the Pharmacy. Garcia's actions were confirmed after an audit of the BOH changes revealed that Garcia had made multiple count changes between May 1, 2024 and January 22, 2025. During her interview, PIC Brooks admitted to not following the Pharmacy's policies for secure storage and monitoring of controlled substances as alleged in Count Six. While PIC Brooks' became aware of BOH changes during her weekly reviews, she failed to investigate these discrepancies beyond accepting Garcia's statement, without further inquiry, that a glitch in the pharmacy system required Garcia to manually adjust the BOH count. *See* Attachment 1. PIC Brooks' also failed to notify the PPC of unreconciled discrepancies as required by pharmacy policy which further prevented the Pharmacy's discovery of Garcia's diversion. *Id.* Both Garcia and PIC Brooks were suspended pending further investigation on January 27, 2025, the same day that interviews were completed.

Smith's Pharmacy's policies require pharmacy personnel to comply with all applicable federal and state laws, including the federal Controlled Substances Act and similar state laws, regulating the storage, distribution, possession and use of controlled substances. Relevant to this incident, the Pharmacy's Controlled Substance Policy and Procedures clearly establish the process for maintaining the security and distribution of controlled substances through the use of Balance on Hand change reviews by the PIC (SOP 501.4.4), the requirement for two associate check-in upon delivery of controlled substances (SOP 501.5), inventory discrepancy investigations (SOP 501.21), personal item storage near the pharmacy entrance (SOP 501.19.5), and the requirements to dispense a controlled substance only through a valid prescription from

a licensed practitioner. *See* Attachment 2. Further, all pharmacy associates are required to complete annual controlled substance training courses.

After the investigation concluded, the Pharmacy took prompt corrective action by terminating the individuals involved, retraining all pharmacy personnel on controlled substance policies and procedures, and implementing a Corrective Action/Preventive Action ("CAPA") on March 31, 2025. Garcia and PIC Brooks were terminated on February 4, 2025 and February 11, 2025, respectively, and a temporary PIC was appointed on February 12, 2025. The new PIC, Kevin So, was appointed on March 31, 2025. All pharmacy personnel, including the temporary PIC, were retrained immediately on policies related to the two-associate check in procedure for controlled substances, personal item storage, controlled substance inventory discrepancy and loss. Further, PIC So has continued to implement the corrective actions contained in the CAPA.

Offer to Settle

As demonstrated above, the Pharmacy takes compliance with state and federal controlled substance laws seriously. Robust policies and procedures are in place to guard against thefts and diversions and pharmacy personnel are continuously retrained on such procedures. However, even robust policies and procedures are only effective if employees choose to comply. Absent Garcia's illegal actions and PIC Brooks' noncompliance with established policies and procedures, the underlying diversion would not have occurred. Nonetheless, the Pharmacy understands the actions of its employees have a direct impact on its responsibilities and obligations as a licensed pharmacy. To that end, the Pharmacy has taken numerous steps to prevent similar incidents from reoccurring, including terminating the employees involved.

The Pharmacy respectfully requests that the Board consider the swift corrective action taken by the Pharmacy as the parties move forward with settlement negotiations.

Should you have any questions or matters that you wish to discuss regarding this offer, please do not hesitate to contact me at Nicholas.Meza@quarles.com or (602) 229-5439.

Very truly yours,

Nicholas H. Meza

NHM

QB\97465721.1

Attachment 1

Dena M McClish
Nevada State Board of Pharmacy
1140 N Town Center Dr, Ste 300
Las Vegas, NV 89144

Response provided via email to dmcclish@pharmacy.nv.gov on March 24, 2025

RE: Case #25-076

The following statement is being provided pursuant to a written request made by Dena McClish, dated March 10, 2025 and received by Paul Howse via email on March 10, 2025

Statement regarding Requests #1 & #4:

On 01/22/2025 our supplier's (Smith's Food and Drug Centers, Inc. dba Peyton's Phoenix) controlled substance order monitoring associate notified me about a suspicious order placed for alprazolam 1 mg at Smith's #315 based on their monthly tablet fill count versus how much had been ordered recently. Due to this finding, that controlled substance order was cancelled. Upon receiving this information, I went at end of day on 01/22/2025 to complete a covert count and open a review of the pharmacy's alprazolam 1 mg inventory. After the audit was completed on 01/24/2025, it was determined that Smiths #315 had 7,909 alprazolam 1 mg unaccounted for. Upon further review, it was determined that other controlled substances order receipt quantities appeared to have been altered including alprazolam 2 mg and tramadol 50 mg. In addition, I reviewed balance on hand changes between 05/01/2024-01/22/2025 and noticed technician Alyssa Garcia had made multiple count changes, which included, at times, receiving order quantities into the pharmacy system's inventory with lower quantities than what was shipped for alprazolam 1mg, alprazolam 2mg and tramadol 50mg. Further, I reviewed past Cardinal orders for alprazolam 1mg and found that multiple paper invoices were missing from the appropriate file in the pharmacy's controlled substance record's cabinet, despite verification that the orders were shipped in Cardinal's online portal.

On 01/25/2025, I submitted covert physical counts for alprazolam 1 mg, alprazolam 2 mg and tramadol 50 mg taken at the beginning of day on 01/25/2025, along with the annual controlled substance inventories conducted on 4/30/2023, and 5/1/2024 to the Corporate Pharmacy Asset Protection team. An audit using these counts revealed the following discrepancies between 04/30/2023-01/22/2025:

- -9,515 alprazolam 1 mg tablets
- -19,908 alprazolam 2 mg tablets
- -1,018 tramadol 50 mg tablets

During Asset Protection's initial surveillance review done 01/25/2025-01/26/2025 they were unable to affirmatively view any pharmacy staff remove drugs from the pharmacy but observed some behaviors not consistent with policy and procedures from Alyssa Garcia. This included not using the coat closet for personal items such as backpacks, carrying baskets with drug stock bottles to the side storage room, and consuming food/drink without purchase.

Based on the above findings, it was determined that we needed to interview and suspend Alyssa Garcia and pharmacy manager Octavia Brooks. On Monday, 01/27/2025 asset protection manager, Ron Simmons, and I interviewed both Alyssa Garcia and Octavia Brooks regarding the discrepancies (statements provided to the board). During the interview, neither associate admitted to removing the medications from the pharmacy. Both associates were suspended that day pending further investigation. On 02/04/2025 we terminated Alyssa Garcia for consumption of food items without purchase as seen on surveillance video and we terminated Octavia Brooks on 02/11/2025 for consumption of food items before purchase. During this time, we continued to review surveillance footage and discovered additional behaviors not consistent with policy and procedures.

During review of camera footage from 12/23/2024, I witnessed Alyssa Garcia pull two 500-count size bottles from a full Cardinal Health tote at the product dispensing station and put them in a drawer under the counter. She then placed the bottles back into the tote shortly thereafter and proceeded to put the order, including these bottles, away on the drug shelves. Then at approximately 10 am when pharmacy manager Octavia Brooks was in the counsel/vaccine room getting a vaccine ready, Alyssa Garcia checked to make sure Octavia was busy in the room and walked directly to the drug bay grabbing those two 500-count size bottles. She proceeded to walk the bottles to the side storage room in the pharmacy, which is out of camera view, and returned 10 seconds later with no bottles in her hands. When she left at 1 pm that day she grabbed her backpack from the side storage room. One 500 count bottle of alprazolam 1 mg and alprazolam 2 mg was shipped as verified by Cardinal's online portal, but the invoices were missing in the pharmacy's controlled substance records cabinet.

During review of camera footage from 01/02/2025, I observed behaviors from Alyssa Garcia not consistent with policy and procedure while receiving a Cardinal drug order. At 9:56 am Alyssa Garcia tossed an invoice from Cardinal Health in the thrash while receiving the order. At 9:57 am she placed a 500-count size bottle in an empty Cardinal tote and placed that tote on the bottom, stacking 3 empty totes on top of that tote. I was unable to see the drug label since it was placed face down in the tote. At 10:01 am she removed that bottle from the bottom tote and buried it under all the other drug products she had placed in a single Cardinal tote. She then proceeded to move that tote to the product dispensing counter at 10:07 am and immediately put the 500-count bottle on the drug shelf while leaving everything else in the tote on the counter for the next hour. I verified via Cardinal Health website Alprazolam 2 mg was ordered and delivered 01/02/2025, but there was no invoice filed in the pharmacy's controlled substance records cabinet.

Statement regarding Request #2:

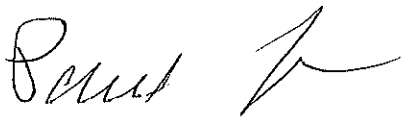
We have policies and procedures in place to prevent and detect diversion as it pertains to inventory adjustments and discrepancies, order receiving and physical security. Relevant policies in matter include the following:

1) The Pharmacy Manager runs and reviews the balance on hand (BOH) manual changes report once a week to review for excessive, suspicious or unexplainable manual changes to balance on hands for controlled substances. The pharmacy manager initials and dates the report indicating they have reviewed the report. Excessive, suspicious, or questionable changes should be researched by the Pharmacy Manager and brought to the attention of the store's Pharmacy Coordinator. The BOH report is kept on file for the prior twelve weeks.
    a) Pharmacy Manager Octavia Brooks failed to maintain her BOH reports in a proper manner. When she did review and sign the BOH changes she either didn't question the BOH changes to do additional research or as she stated when I interviewed her, she trusted technician Alyssa Garcia when she told her there was glitch receiving the order in the pharmacy system which is why she had to adjust the BOH since they never actually received it.
2) Inventory discrepancies will be researched immediately by the pharmacist on duty when discovered and then brought to the attention of the Pharmacy Manager, as soon as possible for review and further research, if necessary, regardless of the outcome of the initial research. Inventory discrepancies will further be investigated by the Pharmacy Manager immediately upon discovery. If there is evidence of theft or unexplainable loss (loss of inventory that has no verifiable documentation), the information must be reported to the Pharmacy Coordinator and Division Health Leader.
    a) Pharmacy Manager Octavia Brooks never properly investigated her inventory discrepancies, and she never informed her Pharmacy Coordinator of unreconciled discrepancies.
3) Controlled substance orders must be checked in by two associates. If two Associates are on duty, then two will check-in the products and indicate as such on the receiving document. If only one (1) Associate (a pharmacist) is on duty at the time of receipt, this Associate will check in the receipt and indicate on the receiving document that there was only one individual on duty at the time of the receipt. A pharmacist must always be involved in checking-in the controlled substance product. The Associates checking in the controlled substances will sign and date the invoice/packing slip and document in a prominent location on the face of the invoice/packing slip document that all controlled substances have been received. If an invoice is available, the invoice will be used to document the receipt. If an invoice is not available, a packing slip will be used, the invoice/packing slip should be transferred to the Record Custodian as soon as possible for filing in the proper folder in the Controlled Substances Filing Cabinet.
    a) Technician Alyssa Garcia failed to properly check in controlled substances by tossing invoices in the trash, hiding controlled substance products that came in and never allowing the pharmacist to review and sign the invoices.

4) Personal items such as coats, purses and backpacks, are prohibited from being brought into the pharmacy drug storage areas. Personal items will be stored in lockers outside the pharmacy, if available. If lockers are unavailable, the Pharmacy Manager will designate an area for storing the items near the entrance of the pharmacy.
    a) Pharmacy Manager Octavia Brooks failed to designate the coat closet at the entrance of the pharmacy as a place for personal items. She allowed pharmacy staff to keep personal items in other areas of the pharmacy. Technician Alyssa Garcia failed to keep her personal items in the closet at the entrance of the pharmacy.

Statement regarding Request #3

I have submitted Balance on Hand Change reports including all received purchased orders (PO) for alprazolam 1 mg, alprazolam 2 mg and tramadol 50 mg. The reports show negative shelf count adjustments and PO's where the amount received was changed from what was delivered before accepting the whole order in the pharmacy system. Most shelf count changes were done by Alyssa Garcia, and all PO receiving changes were done by Alyssa Garcia. For example, looking at alprazolam 1 mg, Alyssa Garcia updated the balance on the shelf by -500 on 11/05/2024 and 11/17/2024. On 01/12/2025 when accepting the PO, she changed the received quantity from 2 bottles to 1 bottle as indicated by the adjustment note stating order quantity 2.0, received quantity 1.0. Most of her adjustments were the result of changing received bottle counts from what was shipped over this time frame.



Paul Howse, PharmD
Pharmacy Practice Coordinator
Smith's Food and Drug Stores

Attachment 2

SOP 501.4: Ordering Controlled Substances

501.4.4 Computer Assisted Ordering Systems – For Pharmacies Utilizing the EPRN Pharmacy System Review of "Balance on Hand" Changes

501.4.4.1 The Pharmacy Manager will run the "Balance on Hand ("BOH") Manual Changes" report once a week and review for excessive, suspicious or unexplainable manual changes to BOHs for controlled substances. The Pharmacy Manager will initial and date the report indicating that they have reviewed the report.

501.4.4.2 In retail pharmacies, excessive, suspicious, or questionable changes should be researched by the Pharmacy Manager and brought to the attention of the store's Coordinator.

501.4.4.3 The report will be maintained in a folder labeled *"Balance on Hand (BOH) Manual Change Report"* for the prior twelve (12) weeks, which is located in the Controlled Substance Filing Cabinet.

501.4.4.4 Orders and BOH changes will be managed from a computer terminal located in the pharmacy area unless approved by the Pharmacy Manager.

SOP 501.5: Checking in Controlled Substances at the Pharmacy

Purpose

The purpose of this procedure is to establish policies for checking in Schedule II through V controlled substances at the pharmacy.

General Information

Scope

This procedure includes all controlled substances received, physical and operational procedures, documentation and internal reporting requirements for shortages. It does not include filing the DEA Form 106 ("Form 106"), which is described in **SOP 501.21** or descriptions of required storage contained in **SOP 501.19**.

Responsibility

- The Pharmacy Manager is responsible for ensuring compliance with this procedure.

Procedure

501.5.1 Required Personnel

Controlled substances received from other DEA Registrants must be checked-in as described in **SOP 501.5.4**. If two Associates are on duty, then two will check-in the products and indicate as such on the receiving document. If only one (1) Associate (a pharmacist) is on duty at the time of receipt, this Associate will check in the receipt and indicate on the receiving document that there was only one individual on duty at the time of the receipt. **A pharmacist must always be involved in checking-in the controlled substance product.**

In retail pharmacies, this information will be displayed on the incoming documentation with a stamp provided to each pharmacy (see below for example).

CS Receipt / Check-In

1. _____
Signature of Pharmacist Date

2. _____
Signature of Witness Date

☐ Check here if only one person working in Pharmacy

501.5.2 Schedule II Controlled Substances

501.5.2.1 Schedule II controlled substances will be transferred to the secured storage area immediately after receipt, as described in **SOP 501.19.1.** All Schedule II products will be accounted for **by a pharmacist before** signing a release or manifest presented from the supplier/delivery personnel. If it is discovered that items may have been lost in-transit, procedures indicated in **SOP 501.21.5** will be followed.

501.5.2.3 A pharmacist must receive Electronic Orders in the Pharmacy System's inventory receiving application or, if necessary, the supplier's online CSOS application, within 12 hours or at the close of business, whichever occurs first.

If an Order Form is used to order Schedule II controlled substances, mandatory annotation and updates of the Order Form(s) and the Schedule II Perpetual Inventory, as described in **SOP 501.7,** will be completed within 12 hours or at the close of business, whichever occurs first.

501.5.3 Schedule III, IV and V Controlled Substances

Orders containing Schedule III, IV and V controlled substances must be immediately delivered to the pharmacy or another secure, locked area if the shipment is received when the pharmacy is closed. A secure area is an area that can be locked and for which there is limited access. Once the pharmacy is open, the controlled substances will be transferred to the pharmacy. The shipment may remain in the pharmacy area, provided that the tote is strapped or tied, for a period of 12 hours or until the close of business, whichever occurs first. By the close of business, the shipment will be checked-in, and the products dispersed throughout the stock of other legend drugs.

501.5.4 Documentation and Recordkeeping

501.5.4.1 The Associates checking in the controlled substances will sign and date the invoice/packing slip and document in a prominent location on the face of the invoice/packing slip document that all controlled substances have been received as described in **SOP 501.5.1**. If an invoice is available, the invoice will be used to document the receipt. If an invoice is not available, a packing slip will be used. If the Record Custodian or Alternate is not involved in the check-in process, the invoice/packing slip should be transferred to one of them as soon as possible for filing in the proper folder in the Controlled Substances Filing Cabinet.

501.5.4.2 In the case of Schedule III, IV and V controlled substances, the invoice (or if no invoice, the packing slip) will be filed chronologically by date received in the folder labeled *"CIII, CIV and CV Controlled Substances Records of Receipt (invoice/packing slip),"* which is in the Controlled Substance Filing Cabinet. The receiving document must show the date received as well as the name, address and DEA registration number of the supplier. If this information is not on the document, the Pharmacy Manager or other pharmacy staff must call the supplier to get the required information and annotate the invoice with the information.

501.5.4.3 Records of Schedule II controlled substances will be maintained as described in **SOP 501.3.8** and **SOP 501.3.16.**

501.5.5 Reporting Inventory Discrepancies

Inventory discrepancies will be reported per **SOP 501.21.**

SOP 501.21: Reporting Controlled Substance Thefts and Losses

Purpose

The purpose of this procedure is to establish requirements for reporting thefts and significant losses of controlled substances.

General Information

Responsibility

- All Associates are responsible for reporting thefts and/or unexplainable losses of controlled substances to their immediate supervisor, Pharmacy Manager or business unit leadership.
- For retail and high-volume pharmacies:
  - The Pharmacy Manager is responsible for compliance with this procedure, including the evaluation of initial information regarding thefts and significant losses, and notifying the Pharmacy Coordinator and/or the DHL of findings and making reports as required in this SOP.
  - The DHL is responsible for ensuring the Compliance Department has been advised of thefts and significant losses, which are reported to the DEA.

Procedure

501.21.1 Significant Loss

501.21.1.1 The Pharmacy Manager is responsible for reporting a significant loss. Pharmacy Managers will consult with their Pharmacy Coordinator, in deciding whether the loss is significant.

501.21.1.2 When determining whether a loss is significant, DEA Registrants are encouraged to consider the following factors:

- The actual quantity lost in relation to the type of business;
- Whether there has been a pattern of losses and the results of efforts to resolve them; and
- Local trends and other indicators of the potential of the missing drugs.

Specific questions a Registrant should ask are:

- Has a pattern of loss been identified and, if so, would the pattern result in a substantial loss of controlled substances over a period of time?;
- Are specific controlled substances lost or are they random?;
- Are specific controlled substances likely for diversion?; and
- Can losses be associated with specific individuals?

A worksheet that may be used in making this determination and maintained as documentation of this process is attached as **Exhibit 501.21A Significant Loss Determination Worksheet** .

501.21.1.3 If the loss is deemed significant, the worksheet should be filed chronologically with the completed DEA Form 106 in the "*Reports and Theft and Unexplainable Loss (DEA Form 106)"* folder, which is located in the Controlled Substance Record Cabinet.

If the loss is not deemed significant, the worksheet should be filed in *"Additional DEA Notes &, Records"* folder which is in the Controlled Substance Filing Cabinet.

501.21.1.4 If the Pharmacy Manager is still uncertain regarding whether to report the loss, they should consult with their Coordinator and/or DHL.

The Pharmacy Coordinator, DHL may consult with a diversion investigator in a local DEA office for guidance.

501.21.2 Inventory Discrepancies

The DEA does not intend to have registrants report breakage, spillage or unexplainable losses of small amounts in order to "balance their books." Inventory discrepancies will be researched immediately by the pharmacist on duty when discovered and brought to the attention of the Pharmacy Manager as soon as possible for review and further research if necessary, regardless of the outcome of the initial research.

501.21.2.1 Inventory discrepancies will be investigated by the Pharmacy Manager immediately upon discovery. This process includes discrepancies discovered during required inventories pursuant to the procedure in **SOP 501.6.** If the discrepancy is determined to be due to a theft or significant loss, it will be reported to the DEA, in writing, within one (1) business day of making said determination and pursuant to the procedure in **SOP 501.21.3**.

501.21.2.2 If the loss is attributed to breakage, spillage or accounting errors that can be explained, then the errors will be documented and filed chronologically in the *"Additional DEA Notes & Records"* folder, which is located in the Controlled Substance Filing cabinet. A copy of the documentation will also be forwarded to the Coordinator.

501.21.3 Reporting Theft and Significant Loss

If a theft, significant loss or in-transit loss (as described below in **SOP 501.21.5**) is discovered, the following must occur:

501.21.3.1 The information must be reported to the Coordinator and the DHL immediately

501.21.3.2 Notification to the DEA must be accomplished by written notice within one (1) business day of discovery of a theft or significant loss of controlled substance.

501.21.3.3

- For retail and high-volume pharmacies, the Coordinator and/or the DHL, as applicable, will initiate an internal review and, if necessary, report the circumstances regarding the potential theft or significant loss to the Company's Asset Protection Department for possible additional investigation and actions in conjunction with the company's controlled substance compliance program.

501.21.3.4 If it is not clear at the outset that there has been a theft or significant loss, the DEA may advise the Pharmacy Manager to complete the internal investigation prior to preparing a DEA Form 106.

501.21.3.4a

- For retail and high-volume pharmacies: The Pharmacy Manager will report this information to the Coordinator and the DHL, as applicable, and will follow up with an email or facsimile report to the DEA to confirm the instructions provided by the DEA, including the date of the initial telephone call and the name of the Diversion Investigator who provided the instructions.

501.21.3.4b

The local office of the DEA will be advised at least every thirty (30) calendar days (more often if required due to the receipt of additional relevant information) by the Pharmacy Manager, Coordinator or regarding the progress of the internal investigation. These status advisements may be done verbally; however, the name of the Diversion Investigator, date of the

telephone call and a summary of the conversation will be documented and maintained with all official documents relating to the significant loss.

501.21.3.4c

Regardless of the status of the investigation, the Pharmacy Manager must ensure a complete and accurate DEA Form 106 is filed with the Administration within **45 calendar days after discovery of the theft or loss**. This must be accomplished through the DEA Diversion Control Division secure network application as described in **SOP 501.21.4.**

501.21.3.5 If the loss should be resolved within 45 days of the date of discovery and no official reporting on a DEA Form 106 will be necessary, the local office of the DEA should be informed via an email or facsimile that the issue is closed. Paperwork and documentation pertaining to the internal investigation will be filed chronologically in the folder labeled *"Additional DEA Notes & Records,"* which is in the Controlled Substance Filing Cabinet. When applicable, Loss Prevention/Asset Protection will also be notified of the closure.

501.21.4 Use of DEA Form 106

501.21.4.1 If a DEA Form 106 is to be prepared, the Pharmacy Manager will complete and submit it to make the official report to the DEA with the assistance of the Coordinator and/or the DHL.

Electronic form submission is required and will be accomplished through the DEA's Diversion Drug Theft Loss ("DTL") system website: https://apps.deadiversion.usdoj.gov/TLR/. In the event of any technical issues involving the DEA system being down, the Pharmacy Manager can report the issues by calling the DEA Help Center at 1–800–882–9539. If there is a need to submit DEA Form 106 while the DEA system is down, the Pharmacy Manager will document the day and time of their attempted submission(s) and their successful submission and retain these records with other records related to the loss.

501.21.4.1a If, and to the extent required by applicable law, notification of loss will also be made to pertinent state agencies.

501.21.4.2 The date of loss reported on DEA Form 106 must correspond to the date the theft or significant loss was first discovered.

501.21.4.3 If thefts have occurred due to Associate pilferage over a period of time, the estimated beginning and ending dates of the thefts should be noted in the "remarks" section with a brief explanation.

501.21.4.4 For the "Purchase value to Registrant of controlled substances taken", enter the amount the pharmacy paid for the controlled substance(s), not the retail value.

501.21.4.5 Evidence of submission must be kept on file. A copy of the DEA Form 106 and all other information pertaining to the theft or unexplainable loss will be filed chronologically in the folder *"Reports of Theft and Unexplainable Loss (DEA Form 106),"* which is found in the Controlled Substance Filing Cabinet and will be retained in accordance with **SOP 501.2.**

A copy of the DEA Form 106 and any subsequent addendums, where necessary, will be provided to:

- the DHL; and
- the Compliance Department.

501.21.4.6 if required, a member of the Compliance Department will make additional required reports in accordance with relevant terms.

501.21.5 In-transit Losses

501.21.5.1 Reporting of in-transit losses to the DEA are generally the responsibility of the supplier. If the purchaser takes custody of the shipment, however, the shipment is considered to have been received in total and any shortages that are discovered after the transfer of custody are considered losses from the inventory of the recipient. As a result, the pharmacy is required to report the loss.

501.21.5.1a In this case, the supplier and its DEA registration number must be included in the "Loss in Transit" section on the DEA Form 106. When explaining how many losses occurred from the same carrier in the past, do not include the current loss.

501.21.5.2 Pharmacies should not take possession of Schedule II controlled substances until all the substances are checked in as required by **SOP 501.05**.

501.21.5.2a If a discrepancy is identified upon check-in of a Schedule II shipment, a pharmacist must notate on the driver's shipping manifest that the item was not received. The notation shall be initialed and dated by both the pharmacist and the driver.

501.21.5.2b A copy of the notated shipping manifest must be retained and attached to the purchaser's copy of the Order Form and corresponding invoice as noted in **SOP 501.05**.

501.21.5.2c The pharmacist must also contact the supplier to report the discrepancy as soon as possible and report the in-transit loss to the DEA as described in **SOP 501.21.4**.

501.21.6 Associate Theft

Associates who steal controlled substances from Company facilities will be terminated and the facts regarding their illegal activities will be referred to the appropriate law enforcement and regulatory authorities for prosecution.

501.21.7 Robbery and Burglary Procedures

501.21.7.1 In the event of a robbery, burglary or other unlawful entry, the local police will be notified immediately after the incident or upon discovery of burglary.

- For retail and high-volume pharmacies: store management and the Coordinator or DHL, as applicable, will also be notified and the Company's robbery procedures must be followed.

501.21.7.2 In the event of an overnight burglary, the Pharmacy Manager must ensure an inventory count is completed on all controlled substances to assess for potential theft. In addition, the Pharmacy Manager will take inventory of the will call area to assess for theft of any medications awaiting pick up to verify if any product is missing.

501.21.7.3 Any loss of controlled substance must be reported pursuant to this SOP. Any prescriptions determined to be stolen from will call will need to be handled pursuant to HIPAA breach procedures outlined in the **Policy 1000: HIPAA Policies and Procedures**.

501.21.8 Other Agencies

The Board of Pharmacy and the local police will be contacted to report a theft at the time that the DEA is notified. If there are specific state agencies with controlled substance oversight, these agencies will also be contacted.

SOP 501.19: Controlled Substance Product Security

501.19.5 Personal Items

Personal items such as coats, purses and backpacks, are prohibited from being brought into the pharmacy drug storage areas. Personal items will be stored in lockers outside the pharmacy, if available. If lockers are unavailable, the Pharmacy Manager will designate an area for storing the items near the entrance of the pharmacy.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SMITH'S PHARMACY #315,** **Pharmacy License No. PH03897,** **ALYSSA MERCEDES GARCIA, PT,** **Certificate of Registration No. PT20499, and** **OCTAVIA LORAINE BROOKS, RPH,** **Certificate of Registration No. 20950,** **Respondents.**	**CASE NOS. 25-076-PH-S** **25-076-PT-S** **25-076-RPH-S** **STIPULATION AND ORDER [RESPONDENT SMITH'S PHARMACY #315 ONLY]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Smith's Pharmacy #315, Pharmacy License No. PH03897, by and through counsel**,** Nicholas Meza, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. On or about June 12, 2025, Board Staff served Respondent with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing.

2. On or about July 24, 2025, Respondent Smith's Pharmacy #315 filed an Answer and Notice of Defense to the Accusation.

3. Respondent is aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS

Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waive the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that as the pharmacy/pharmacy owner at the time of the diversion of controlled substances by Respondent Alyssa Garcia, PT, Certificate of Registration No. PT20499, and the related violations of law as alleged, Respondent Smith's Pharmacy #315 is responsible for those violations, including all errors and omissions of Garcia and the managing pharmacist, Respondent Octavia Loraine Brooks, RPh, Certificate of Registration No. 20950, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

7. Those violations are pled with particularity in the Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Smith's Pharmacy #315, Pharmacy License No. PH03897, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Smith's Pharmacy #315 Smith's Pharmacy #315 shall pay a fine of Two Thousand Five Hundred Dollars ($2,500.00) for the violations by personal, business, certified or cashier's check or money order

made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by January 2, 2026;

B. Pursuant to NRS 622.400, Respondent Smith's Pharmacy #315 shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by January 2, 2026; and

C. Upon request of the Board, certify to the satisfaction of the Board's Executive Secretary that Smith's Pharmacy has implemented policies, procedures and training at all Nevada-licensed pharmacies to prevent and detect diversion in compliance with 21 CFR 1301.71(a) and NAC 453.400, including, without limitation, maintenance of balance on hand (BOH) manual changes reports weekly to review for suspicious or unexplainable manual changes for controlled substances, and monitoring of suspicious changes, inventory discrepancies and unexplainable loss within sixty (60) days of the effective date of this Order. Any policies and procedures implemented by Smith's Pharmacy in accordance with this paragraph shall remain in place for a period of twelve (12) months after the effective date of this Order.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline consistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to

NRS 622.330 at the Board's regularly scheduled public meeting on October 15, 2025. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms of this Stipulation and any admissions contained herein are made solely for the purpose of settlement of this Accusation. The admissions herein shall not be deemed an admission for any other purpose and shall not be used or referred to in any other hearing on the merits of this matter, or any other civil or administrative matter.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___day of _____2025

_____
SMITH'S PHARMACY #315
Pharmacy License No. PH03897

APPROVED AS TO FORM AND CONTENT
this ___day of _____2025

Signed this ___day of _____2025

_____
NICHOLAS MEZA, ESQ.
Counsel for Respondents

_____
BRETT KANDT
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Smith's Pharmacy #315, Pharmacy License No. PH03897, in Case No. 25-076-PH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___day of October 2025.

_____
Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5N

FILED
JUN 11 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SMITH'S PHARMACY #315,** **Pharmacy License No. PH03897,** **ALYSSA MERCEDES GARCIA, PT,** **Certificate of Registration No. PT20499, and** **OCTAVIA LORAINE BROOKS, RPH,** **Certificate of Registration No. 20950,** **Respondents.**	**CASE NOS. 25-076-PH-S** **25-076-PT-S** **25-076-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because at the time of the events alleged herein, Respondent Alyssa Garcia, PT (Garcia), Certificate of Registration No. PT20499, was a pharmaceutical technician registered with the Board, Respondent Octavia Loraine Brooks, RPh (Brooks), Certificate of Registration No. 20950, was a pharmacist registered with the Board, and Respondent Smith's Pharmacy #315, Pharmacy License No. PH03897, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Garcia was employed as a pharmaceutical technician by Smith's Pharmacy #315, located at 8525 W Warm Springs Road in Las Vegas, and Brooks was employed as managing pharmacist of the pharmacy, at the time of the events alleged herein.

3. On or about February 13, 2025 Smith's Pharmacy #315 submitted DEA Form 106 documentation to the Board reporting the theft of controlled substances after an investigation produced evidence that Garcia diverted 9515 Alprazolam 1mg tablets, 19,908 Alprazolam 2mg tablets, and 1,018 Tramadol 50mg tablets.

4. On or about January 24, 2025, Respondent was terminated from employment by Smith's Pharmacy #315 due to policy violations and unprofessional conduct related to the theft.

5. The investigation revealed that Brooks failed to comply with Smith's Pharmacy policies and procedures to prevent and detect diversion, including, without limitation, failing to maintain balance on hand (BOH) manual changes reports weekly to review for suspicious or unexplainable manual changes for controlled substances, failing to question and/or research suspicious changes, and failing to research inventory discrepancies and report any evidence of theft or unexplainable loss.

6. On or about March 11, 2025, the Board served Garcia with an order of summary suspension of her Certificate of Registration No. PT20499 pursuant to NRS 233B.127(3) and noticed a hearing before the Board on April 16, 2025. Board staff attempted service of the order of summary suspension on Garcia by certified mail, return receipt requested, addressed to Garcia at her last address of record.

7. Garcia failed to appear at the April 16, 2025, hearing, and the Board upheld the suspension of her Certificate of Registration No. PT20499 pending the filing of an accusation.

APPLICABLE LAW

8. It is a felony offense to acquire a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 843(a)(3); 21 U.S.C. § 846; NRS 453.331(1)(d); NRS 453.391(1).

9. It is a felony offense to possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 844; 21 U.S.C. § 846; NRS 453.336(1); NRS 453.381(8)

10. It is a criminal offense to use a controlled substance except as authorized by law. 42 U.S.C. § 12210; NRS 453.411(1).

11. Pharmacies shall establish and maintain effective controls and procedures to prevent or guard against theft and misuse of controlled substances. NAC 453.400.

12. Supplying or diverting drugs which are legally sold in pharmacies constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

15. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

16. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

17. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of

any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(3).

18. The pre-hearing suspension of any certificate, license or registration of a practitioner pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

COUNT ONE
Unlawful Acquisition of Controlled Substances
(Respondent Garcia)

19. By diverting and acquiring controlled substances as alleged herein, Garcia violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 846, NRS 453.331(1)(d) and/or NRS 453.391(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT TWO
Unlawful Possession of Controlled Substances
(Respondent Garcia)

20. By diverting and possessing controlled substances as alleged herein, Garcia violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 844, 21 U.S.C. § 846, NRS 453.336(1), NRS 453.381(8) and/or NRS 454.316(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT THREE
Unlawful Use of Controlled Substances
(Respondent Garcia)

21. By diverting and using controlled substances as alleged herein, Garcia violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 42 U.S.C. § 12210 and/or NRS 453.411(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

COUNT FOUR
Unprofessional Conduct – Diversion
(Respondent Garcia)

22. By diverting controlled substances as alleged herein, Garcia engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4).

COUNT FIVE
Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction
(Respondent Garcia)

23. By diverting controlled substances as alleged herein, Garcia was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

COUNT SIX
Managing Pharmacist Responsibility
(Respondent Brooks)

24. As the managing pharmacist of Smith's Pharmacy #315 at the time of the diversion of controlled substances by Garcia and the related violations of law as alleged herein, and by her failure to comply with Smith's Pharmacy policies and procedures to prevent or guard against theft and misuse of controlled substances in violation of NAC 453.400, Brooks is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

COUNT SEVEN
Pharmacy/Pharmacy Owner Responsibility
(Respondent Smith's Pharmacy #315)

25. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Smith's Pharmacy #315 is responsible for those violations, including all errors and omissions of Respondents Garcia and Brooks, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(3).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration and pharmacy license of these Respondents.

Signed this 11th day of June 2025.

Yenh Long, Pharm.D.,
Deputy Executive Secretary of the Nevada State Board of Pharmacy,
for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **OCTAVIA LORAINE BROOKS, RPH,** **Certificate of Registration No. 20950,** **Respondent.**	**Case No. 25-076-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of June 2025.

Yenh Long, Pharm.D.
Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **OCTAVIA LORAINE BROOKS, RPH,** **Certificate of Registration No. 20950,** **Respondent.**	**Case No. 25-076-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

OCTAVIA LORAINE BROOKS, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 11th day of June 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Octavia Brooks, RPH
[redacted]
Las Vegas, NV [redacted]

Octavia Brooks, RPH c/o
Smith's Food and Drug Pharmacy #315
8525 West Warm Springs Rd.
Las Vegas, NV 89113

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
JUL 19 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SMITH'S PHARMACY #315** **Pharmacy License No. PH03897, and** **ALYSSA MERCEDES GARCIA, PT,** **Certificate of Registration No PT20499, and** **OCTAVIA BROOKS, RPH,** **Certificate of Registration No. 20950,** **Respondents.**	)	**Case Nos. 25-076-PH-S** **25-076-PT-S** **25-076-RPH-S** **ANSWER AND NOTICE OF DEFENSE OF OCTAVIA BROOKS, RPH**

Respondent Octavia Brooks, RPH, hereby files with the Nevada State Board of Pharmacy ("Board"), her Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on June 11, 2025.

ANSWER TO ACCUSATION

Jurisdiction

Ms. Brooks agrees that the Board has jurisdiction in this matter as set forth in Paragraph 1 of the Accusation. Ms. Brooks further answers the Factual Allegations set forth in the Accusation as follows:

Factual Allegations: Paragraphs 2-7

Paragraph 2: Ms. Brooks acknowledges that she was the managing pharmacist at Smith's Pharmacy #315 ("Pharmacy") however she acted in this capacity from August 2021 until January 2025. Ms. Brooks asserts that Ms. Garcia was employed as a technician at the Pharmacy prior to Ms. Brooks becoming the managing pharmacist.

Paragraph 3: Ms. Brooks is without sufficient personal knowledge to respond to paragraph 3 and asserts that she no longer worked for the Pharmacy on the date noted.

Paragraph 4: Ms. Brooks is without sufficient personal knowledge to respond to the factual assertions set forth in Paragraph 4 and notes that Paragraph 4 does not specify which Respondent is at issue in the allegation, but based on information contained in the Accusation, Ms. Brooks believes this Paragraph refers to Ms. Garcia.

Paragraph 5: Ms. Brooks denies the factual allegations contained in Paragraph 5 and asserts that she did follow and comply with the Pharmacy's policies and procedures related to prevent and detect diversion and asserts that the systems in place at the Pharmacy to detect diversion were inherently flawed and subject to manipulation.

Paragraph 6: Paragraph 6 is pertains solely to Ms. Brooks and does not require a response from Ms. Brooks.

Paragraph 7: Paragraph 7 is pertains solely to Ms. Brooks and does not require a response from Ms. Brooks.

Applicable Law: Paragraphs 8-18

Paragraph 8: Ms. Brooks agrees that Paragraph 8 accurately reflects the provisions of state and federal law set forth therein, however, asserts that the cited laws do not pertain to her in the instant matter.

Paragraph 9: Ms. Brooks agrees that Paragraph 9 accurately reflects the provisions of state and federal law set forth therein, however asserts that the cited laws do not pertain to her in the instant matter.

Paragraph 10: Ms. Brooks agrees that Paragraph 10 accurately reflects the provisions of federal law noted, however asserts that the cited laws do not pertain to her in the instant matter.

Paragraph 11: Ms. Brooks agrees that Paragraph 11 accurately reflects the provisions of NAC 453.400, however asserts that the cited regulation does not pertain to her in the instant matter.

Paragraph 12: Ms. Brooks agrees that Paragraph 12 accurately reflects the provisions of NRS and NAC Chapter 639 sections noted, however asserts that the cited laws does not pertain to her in the instant matter.

Paragraph 13: Ms. Brooks agrees that Paragraph 13 accurately reflects the provisions of NRS and NAC Chapter 639 sections noted, however asserts that the cited laws does not pertain to her in the instant matter.

Paragraph 14: Ms. Brooks agrees that Paragraph 14 accurately reflects the provisions of NRS 639.210(11).

Paragraph 15: Ms. Brooks agrees that Paragraph 15 accurately reflects the provisions of NRS 639.210(12), however asserts that the cited law does not pertain to her in the instant matter.

Paragraph 16: Ms. Brooks agrees that Paragraph 16 accurately reflects the provisions of NRS and NAC Chapter 639 noted therein.

Paragraph 17: Ms. Brooks agrees that Paragraph 17 accurately reflects the provisions of NRS and NAC Chapter 639 noted therein.

Paragraph 18: Ms. Brooks agrees that Paragraph 18 accurately reflects the provisions of state and federal law noted, however asserts that the cited law does not pertain to her in the instant matter.

Counts: Paragraphs 19-25

Count One (Paragraph 19): The allegations set forth in Count One pertain solely to Respondent Garcia and do not require a response from Ms. Brooks.

Count Two (Paragraph 20): The allegations set forth in Count Two pertain solely to Respondent Garcia and do not require a response from Ms. Brooks.

Count Three (Paragraph 21): The allegations set forth in Count Three pertain solely to Respondent Garcia and do not require a response from Ms. Brooks.

Count Four (Paragraph 22): The allegations set forth in Count Four pertain solely to Respondent Garcia and do not require a response from Ms. Brooks.

Count Five (Paragraph 23): The allegations set forth in Count Five pertain solely to Respondent Garcia and do not require a response from Ms. Brooks.

Count Six (Paragraphs 24): Ms. Brooks denies the allegations contained in Count Six.

Count Seven (Paragraph 25): The allegations set forth in Count Seven pertain solely to Respondent Smith's Pharmacy #315 and do not require a response from Ms. Brooks.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Ms. Brooks worked as managing pharmacist at the Pharmacy between August 2021 and January 2025. Prior to becoming the managing pharmacist, Ms. Brooks worked as an intern pharmacist at the Pharmacy starting in October 2018 until she became the managing pharmacist.

Ms. Brooks was terminated from her position by the store manager in January 2025 after briefly being suspended from her position. No reason was given to her for the suspension and the

reasons provided to her for the termination were unrelated to the instant matter. Ms. Brooks was not advised of the diversion conducted by Ms. Garcia until after she was terminated from her position.

Ms. Brooks would note that no time frame has been provided as to when, or for how long Ms. Garcia had been diverting alprazolam and tramadol resulting in the ultimate number of pills noted in the Accusation as having been diverted and accordingly cannot comment on whether Ms. Garcia's diversion may have been on-going prior to Ms. Brooks becoming managing pharmacist.

Ms. Brooks cannot state with certainty as to how Ms. Garcia may have diverted the drugs in question. However, Ms. Brooks notes that the Electronic Prescription Reference Network (EPRN) used by pharmacies within the Kroger system, of which the Smith's Pharmacy was a part, was known to have occasional glitches which would then impact the quantities on hand; if these were adjusted, this would effect the Balance on Hand (BOH) weekly report. Ms. Brooks acknowledges that she recalls the alprazolam count was off on at least three occasions, but not by amounts that would have caused Ms. Brooks to believe that there was any issue other than an EPRN glitch.

Purchase orders for drugs dispensed by the Pharmacy would be transmitted by the EPRN which would then update the quantity of any one drug in the system based on the purchase order. When drugs were received, controlled substance invoices were signed by the pharmacist and the pharmacy tech and dated. If the drugs received did not match the amount purchased through the purchase order; those numbers would be modified in the EPRN upon acceptance of the drug order. For schedule II controlled substances, the pharmacist on duty would need to accept the drugs received in the system; all other drugs could be accepted into the system by the pharmacy tech.

Ms. Brooks believes it is possible that Ms. Garcia modified invoices at the time that drugs were received at the pharmacy before accepted non-schedule II substances in the system which would then result in a modification to the BOH reports as well. Ms. Brooks cannot be certain that this was the point in the drug acceptance process which Ms. Gracia may have made modifications to the Pharmacy records in an attempt to hide diversion, she believes this to be the most likely time that such modifications would have been made, thus making it difficult to identify discrepancies in the numbers that were attributable to diversion rather than EPRN errors or regular modifications made noting the number of pills received.

Ms. Brooks asserts that she did follow the policies and procedures of Smith's Pharmacy as they relate to this manner, but that she did not identify that possible diversion was taking place as she believes Ms. Garcia was modifying records in a manner that would have appeared consistent with policies related to the receipt and acceptance of drug orders. Ms. Brooks acknowledges that in hindsight she should have follow up more diligently on any and all discrepancies, regardless of the potential cause of that discrepancy.

Respectfully submitted this 18th day of July, 2025.

Lyn E. Beggs, Esq.
Attorney for Respondent, Octavia Brooks, RPH

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SMITH'S PHARMACY #315,** **Pharmacy License No. PH03897,** **ALYSSA MERCEDES GARCIA, PT,** **Certificate of Registration No. PT20499, and** **OCTAVIA LORAINE BROOKS, RPH,** **Certificate of Registration No. 20950,** **Respondents.**	**CASE NOS. 25-076-PH-S** **25-076-PT-S** **25-076-RPH-S** **STIPULATION AND ORDER** **[RESPONDENT BROOKS ONLY]**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), by and through General Counsel Brett Kandt, and Respondent Octavia Loraine Brooks, RPh (Brooks), Certificate of Registration No. 20950, by and through counsel, Law Offices of Lyn E. Beggs, PLLC, **HEREBY STIPULATE AND AGREE THAT**:

1. On or about June 11, 2025, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. On or about July 18, 2025, Respondent filed an Answer and Notice of Defense to the Amended Accusation.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of the right to a hearing on the matters alleged in the Amended Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B (Nevada Administrative Procedure

Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives the rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit,* that as the managing pharmacist of Respondent Smith's Pharmacy #315, Pharmacy License No. PH03897, at the time of the diversion of controlled substances by Respondent Alyssa Garcia, PT, Certificate of Registration No. PT20499, and the related violations of law as alleged, and by her failure to comply with Smith's Pharmacy policies and procedures to prevent or guard against theft and misuse of controlled substances in violation of NAC 453.400, Brooks is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

7. Those violations are pled with particularity in the Amended Accusation and grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Octavia Loraine Brooks, RPh, Certificate of Registration No. 20950, is placed on probation pursuant to NRS 639.255(1)(b) for a period of five (5) years subject to the following conditions:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Brooks shall pay a fine of Two Thousand Five Hundred Dollars ($2,500.00) for the violations by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by January 1, 2026;

B. Pursuant to NRS 622.400, Respondent Brooks shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, due and payable by January 1, 2026; and

C. Respondent Brooks shall not work as managing pharmacist of any pharmacy licensed by the Board while on probation.

Upon successful completion of probation, Respondent's Certificate of Registration No. 20950 will be fully restored.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline consistent with the provisions of NRS Chapter 639.

10. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 15, 2025. Respondent will appear in person or through counsel at the meeting to answer questions from the

Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

11. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60, and shall be further reported pursuant to NAC 639.960.

12. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 24 day of September 2025

OCTAVIA LORAINE BROOKS, RPH
Certificate of Registration No. 20950

Signed this ___ day of _____ 2025

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 24 day of Septem 2025

LYN E. BEGGS, ESQ.
Counsel for Respondent

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Octavia Loraine Brooks, RPh, Certificate of Registration No. 20950, in Case No. 25-076-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October 2025.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____ 2025

OCTAVIA LORAINE BROOKS, RPH
Certificate of Registration No. 20950

Signed this ___ day of _____ 2025

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of _____ 2025

LYN E. BEGGS, ESQ.
Counsel for Respondent

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Octavia Loraine Brooks, RPh, Certificate of Registration No. 20950, in Case No. 25-076-RPH-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of October 2025.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **FESTUS EBONKA, APRN,** **Certificate of Registration No. CS23430,** **Respondent.**	**Case No. 25-215-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Festus Ebonka, APRN, held a controlled substance registration, Certificate of Registration No. CS23430, issued by the Board.

FACTUAL ALLEGATIONS

1. On or about May 5, 2025, in *United States of America v. Festus Onymaliosia Ebonka*, United States District Court for the District of Nevada, Case No. 2:22-cr-00156-CDS-NJK-1, Respondent pled guilty to and was convicted on one misdemeanor count of conversion of government property, in violation of 18 U.S. Code § 641.

2. The conviction resulted from Respondent falsely billing Medicaid for services that Respondent did not personally provide, and received reimbursement for those services.

APPLICABLE LAW

3. Medicaid fraud is a felony offense under State law. NRS 422.540(1).

4. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

5. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

6. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

7. Conviction of a crime involving moral turpitude, dishonesty or corruption is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(7)(c).

COUNT ONE

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

8. By his federal conviction on one criminal count of conversion of government property for falsely billing Medicaid for services that Respondent did not personally provide, and receiving reimbursement for those services, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h) and is therefore subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT TWO

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

4. By his federal conviction on one criminal count of conversion of government property for falsely billing Medicaid for services that Respondent did not personally provide, and receiving reimbursement for those services, Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), and/or NRS 639.210(4).

COUNT THREE

Criminal Conviction for Conversion of Government Property

9. By his federal conviction on one criminal count of conversion of government property for falsely billing Medicaid for services that Respondent did not personally provide, and receiving reimbursement for those services, an act that also constitute a felony offense under NRS 422.540(1), Respondent is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or 639.210(7)(c).

COUNT FOUR

Commission of Acts that Render Registration Inconsistent with the Public Interest

10. By his federal conviction on one criminal count of conversion of government property for falsely billing Medicaid for services that Respondent did not personally provide, and receiving reimbursement for those services, an act that also constitute a felony offense under NRS 422.540(1), Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest, and is therefore subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 25th day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **FESTUS EBONKA, APRN,** **Certificate of Registration No. CS23430,** **Respondent.**	**Case No. 25-215-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. A **hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, October 15, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 25th day of July 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **FESTUS EBONKA, APRN,** **Certificate of Registration No. CS23430,** **Respondent.**	**Case No. 25-215-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Festus Ebonka, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of July 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Festus Ebonka
[redacted]
Las Vegas, NV [redacted]

Nevada Treatment Center
c/o Festus Ebonka
1721 E Charleston Blvd
Las Vegas, NV 89104

Liborius Agwara, Esq.
2785 E Desert Inn Rd, Ste 270
Las Vegas, NV 89121

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
SEP 0 3 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **FESTUS EBONKA, APRN,** Certificate of Registration No. CS23430 Respondent.	**Case No. 25-215-CS-S**

ANSWER AND NOTICE OF DEFENSE

Respondent, **FESTUS EBONKA, APRN,** by and through counsel, LIBORIUS AGWARA, ESQ., of the Law Offices of Libo Agwara, Ltd., hereby files his Answer and Notice of Defense to THE NEVADA STATE BOARD OF PHARMACY'S ("Board") Complaint and states as follows:

1. Answering Paragraphs 1, 1, and 2, Respondent admits the allegations contained therein.

2. Answering Paragraphs 2, 8, 4, 9, and 10, Respondent denies the allegations contained therein.

3. Answering Paragraphs 3, 4, 5, 6, and 7, Respondent states that he is without sufficient knowledge as to the truth or falsity of the allegations contained therein, and as such denies them.

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2785 E. Desert Inn Rd., Ste. 270
Las Vegas, NV 89121
702-385-4800 Phone

WHEREFORE, Respondent, respectfully requests that the Board find that he did not violate the Control Substance Act. Respondent further requests such other and additional relief as the Board may deem just and proper under the circumstances.

Dated this 3rd day of September 2025.

LAW OFFICES OF LIBO AGWARA, LTD

LIBORIUS AGWARA, ESQ.
Nevada Bar No.: 7576
2785 E. Desert Inn Rd., Ste. 270
Las Vegas, NV 89121
Tel: (702) 385-4800 Phone
Libolaw@yahoo.com
Attorney for Respondent

2785 E. Desert Inn Rd., Ste. 270
Las Vegas, NV 89121
702-385-4800 Phone

VERIFICATION

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

I, FESTUS EBONKA, under penalties of perjury, being first duly sworn, deposes and says:

That I am the Respondent in the above-entitled action; that I have read the foregoing ANSWER AND NOTICE OF DEFENSE and know the contents thereof; that the same is true of my own knowledge, except for those matters therein contained stated upon information and belief, and as to those matters, I believe them to be true.

DATED this 2nd day of September 2025.

FESTUS EBONKA

2785 E. Desert Inn Rd., Ste. 270
Las Vegas, NV 89121
702-385-4800 Phone

SEALED

Office of the United States Attorney
District of Nevada
501 Las Vegas Boulevard, Suite 1100
Las Vegas, Nevada 89101
(702) 388-6336

FILED ENTERED RECEIVED SERVED ON COUNSEL/PARTIES OF RECORD
JUL 19 2022
CLERK US DISTRICT COURT DISTRICT OF NEVADA
BY: DEPUTY

JASON M. FRIERSON
United States Attorney
Nevada Bar Number 7709
RICHARD ANTHONY LOPEZ
Assistant United States Attorney
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tony.lopez@usdoj.gov
Attorneys for the United States

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

UNITED STATES OF AMERICA,

Plaintiff,

v.

FESTUS ONYEMALIOSIA EBONKA,

Defendant.

SEALED
CRIMINAL INDICTMENT

Case No. 2:22-cr-156 CDS NJK

VIOLATION:

Health Care Fraud (18 U.S.C. § 1347)

THE GRAND JURY CHARGES THAT:

Introductory Allegations

At times material to this Indictment:

1. Defendant FESTUS ONYEMALIOSIA EBONKA, a resident of Las Vegas, Nevada, was a registered nurse and a certified nurse practitioner licensed to practice in Nevada. EBONKA was a Medicare provider and was required to abide by all Medicare rules and regulations.

2. EBONKA owned and operated three Nevada companies (collectively, "the Ebonka Entities") enrolled in the Medicare program: Nevada Integrated Behavioral Services Inc.; Ebonny Behavioral Care Services Corporation; and CBH Wellness Clinic, Inc.

3. D.B., E.G., Ge.A., Gw.A., J.G., K.K., Mi.H., My.H., T.H., and Y.H. were Medicare beneficiaries residing in the District of Nevada.

4. E.H., J.L., and L.S. were former Medicare beneficiaries who were deceased.

The Medicare Program

5. The Medicare program ("Medicare") was a federal health care program, as defined in Title 18, United States Code, Section 24(b), that provided free or below cost health care benefits to certain eligible beneficiaries, primarily persons who were 65 years of age or older or disabled. The Centers for Medicare and Medicaid Services (CMS), a federal agency within the U.S. Department of Health and Human Services, administers the Medicare program.

6. Medicare was divided into four parts and covered specific benefits, items, and services: hospital insurance (Part A), medical insurance (Part B), Medicare Advantage (Part C), and prescription drug benefits (Part D).

7. Medicare Part B covered outpatient physician and non-physician practitioner services, durable medical equipment, and some preventive services.

8. Physicians, nurses, nurse practitioners, clinics, laboratories, and other health care providers that provided services to Medicare beneficiaries were able to apply for and obtain a "provider number." A health care provider that received a Medicare provider number was able to file claims with Medicare to obtain reimbursement for services provided to beneficiaries.

9. To receive Medicare reimbursement, providers had to fill out an application and execute a written provider agreement, known as CMS Form 855. The application contained certifications that the provider agreed to abide by Medicare laws and regulations, and that the provider "[would] not knowingly present or cause to be presented a false or

fraudulent claim for payment by Medicare, and [would] not submit claims with deliberate ignorance or reckless disregard of their truth or falsity." Medicare providers were given access to Medicare manuals and service bulletins describing procedures, rules, and regulations.

HCPCS Code L8679

10. CMS established the Healthcare Common Procedure and Coding System (HCPCS) Level II Code Set. The HCPCS Level II Code Set is a standardized five-digit alphanumeric coding system that is used by federal, state, and private health insurance entities primarily to identify products, supplies, and services provided by healthcare professionals. These codes are also used to bill and submit claims to federal, state, and private insurance entities for reimbursement of medical services provided to beneficiaries. The coding system adheres to the following format: the first digit is a letter that identifies the HCPCS code chapter and payment category that the service belongs to and group similar services together, while the last four digits are numeric characters. For example, codes beginning with an "L" belong to the prosthetics and orthotics services/payment category.

11. HCPCS code L8679 is used to bill for Medicare-covered neurostimulator devices that require surgical implantation. The use of a neurostimulator involves implantation of electrodes around a selected peripheral nerve. The stimulating electrode is connected by an insulated lead to a receiver which is implanted under the skin at a depth not greater than ½ inch. Stimulation is induced by a generator connected to an antenna unit which is attached to the skin surface over the receiver unit. Implantation of the stimulating electrodes requires a surgical process that takes at least one to two hours and usually necessitates an operating room.

The Stivax Device

12. Stivax is a medical device placed on the top of a patient's inner ear, has a battery, and stays on for about two weeks. The Food and Drug Administration describes Stivax as a single use, battery-powered, electrical nerve stimulator which is used for the stimulation of the vagus nerve through the ear. The stimulator is taped to the patient's ear. The FDA stated that the Stivax device is indicated for use as an electro-acupuncture device for use in the practice of acupuncture by qualified practitioners as determined by the states. Medicare does not provide reimbursement for acupuncture services, such as the provision and use of the Stivax device.

COUNTS ONE TO THIRTEEN
Health Care Fraud
(18 U.S.C. § 1347)

13. Beginning in or around March 2017, and continuing through in or around September 2018, within the State and Federal District of Nevada and elsewhere,

FESTUS ONYEMALIOSIA EBONKA,

defendant herein, knowingly and willfully executed, attempted to execute, and participated in a scheme and artifice to defraud a health care benefit program, namely Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, a health care benefit program, in connection with the delivery of, and payment for, health care benefits, items, and services, as described below.

14. The purpose of the scheme and artifice to defraud was for EBONKA to unlawfully enrich himself by causing the submission of materially false and fraudulent claims to Medicare through the Ebonka Entities.

15. It was part of the scheme that EBONKA submitted and caused to be submitted false and fraudulent claims requesting reimbursement under Procedure Code L8679 that were ineligible for Medicare reimbursement.

16. These claims were false and fraudulent in that EBONKA and the Ebonka Entities had not provided medical services that qualified for reimbursement under Procedure Code L8679, including, for example:

a. Claims in the name of beneficiaries who received services related to the Stivax device, which did not qualify for any Medicare reimbursement, on the date indicated on the claim.

b. Claims in the name of beneficiaries who received no services related to the Stivax device on the date indicated on the claim.

c. Claims in the names of beneficiaries who were deceased at the time EBONKA purportedly provided them with medical services.

17. From in or around March 2017 through in or around September 2018, EBONKA caused the submission to Medicare of at least 2,500 false and fraudulent claims requesting at least $25 million in reimbursement. Medicare paid the Ebonka Entities more than $10 million as a result of EBONKA's fraudulent claim submissions.

18. On or about the dates set forth below, within the State and Federal District of Nevada and elsewhere, EBONKA did knowingly and willfully execute, attempt to execute, and participate in the above-described scheme and artifice in that EBONKA caused the submission of the false and fraudulent claims described below to Medicare seeking reimbursement for the approximate amount of $10,000 per claim, each submission a separate violation of 18 U.S.C. § 1347:

COUNT	DATE	BENEFICIARY	CLAIM ID NUMBER
ONE	7/26/2017	My.H.	332217226279930
TWO	7/26/2017	Y.H.	332217226279900
THREE	11/30/2017	Ge.A.	332217334233980
FOUR	12/4/2017	J.L.	332217338272650
FIVE	1/2/2018	L.S.	332218002134640
SIX	1/15/2018	E.G.	332218015227810
SEVEN	1/16/2018	J.G.	332218016244790
EIGHT	8/29/2018	Gw.A.	332218241165940
NINE	8/31/2018	Mi.H.	332218243184230
TEN	9/4/2018	E.H.	332218247168190
ELEVEN	9/4/2018	K.K.	332218247167770
TWELVE	9/5/2018	T.H.	332218248189290
THIRTEEN	9/7/2018	D.B.	338518250351150

DATED this 19th day of July, 2022.

A TRUE BILL:

/S/
FOREPERSON OF THE GRAND JURY

JASON M. FRIERSON
United States Attorney

RICHARD ANTHONY LOPEZ
Assistant United States Attorney

SUE FAHAMI
Acting United States Attorney
District of Nevada
Nevada Bar Number 5634
RICHARD ANTHONY LOPEZ
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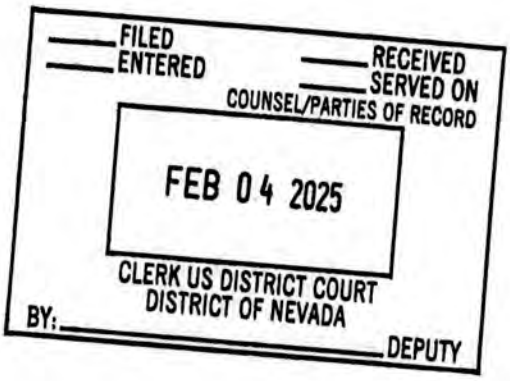


UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEVADA

UNITED STATES OF AMERICA, Plaintiff, v. FESTUS ONYEMALIOSIA EBONKA, Defendant.	No. 2:22-cr-00156-CDS-NJK **Plea Agreement for Defendant Festus Onyemaliosia Ebonka Pursuant to Fed. R. Crim. P. 11(c)(1)(A) and (B)**

This plea agreement between Festus Onyemaliosia Ebonka ("defendant") and the United States Attorney's Office for the District of Nevada (the "USAO") sets forth the parties' agreement regarding the criminal charges referenced herein and the applicable sentences, fines, and restitution in the above-captioned case. This agreement binds only defendant and the USAO and does not bind the district court, the U.S. Probation Office, or any other federal, state, local, or foreign prosecuting, enforcement, administrative, or regulatory authorities. This agreement does not prohibit the USAO or any agency or third party from seeking any other civil or administrative remedies, including administrative forfeiture or civil forfeiture *in rem* actions, directly or indirectly against defendant or defendant's property.

This agreement becomes effective upon signature by defendant, defendant's counsel, and an Assistant United States Attorney.

I. DEFENDANT'S OBLIGATIONS

1. Defendant agrees to:

a. Give up the right to indictment by a grand jury and, at the earliest opportunity requested by the USAO and provided by the Court, appear and plead guilty to a one-count information in the form attached to this agreement as Exhibit A or a substantially similar form, which charges defendant with Conversion of Government Money, a Class A misdemeanor, in violation of 18 U.S.C. § 641.

b. Stipulate to the facts agreed to in this agreement;

c. Abide by all agreements regarding sentencing contained in this agreement;

d. Not seek to withdraw defendant's guilty pleas once it is entered;

e. Appear for all court appearances, surrender as ordered for service of sentence, obey all conditions of any bond, and obey any other ongoing court order in this matter;

f. Not commit any federal, state, or local crime;

g. Be truthful at all times with the U.S. Probation and Pretrial Services Offices and the Court;

h. Before and after sentencing, upon request by the Court, the USAO, or the Probation Office, provide accurate and complete financial information, submit sworn statements, and/or give depositions under oath concerning defendant's assets and defendant's ability to pay. As part of the required disclosure, defendant agrees to provide any and all financial information and authorizations requested by the Probation Office for preparation of the Presentence Report. Defendant further agrees that, upon filing of this agreement, the USAO is authorized to obtain defendant's credit report. Defendant will also complete a financial form

provided by the USAO, to include all supporting documentation, and return it to the USAO within ten (10) days from entry of the plea. Defendant agrees that the district court may enter any order necessary to effectuate or facilitate disclosure of defendant's financial information;

i. To facilitate payment of any fine, restitution, or assessment, surrender assets defendant obtained directly or indirectly as a result of defendant's crimes. Defendant agrees to voluntarily release funds and property under defendant's control or in which defendant has any property interest, before and after sentencing, to pay any fine or restitution identified in this agreement, agreed to by the parties, or ordered by the Court;

j. Defendant agrees that restitution shall be ordered due and payable in full immediately after the judgment is entered, and that the full amount of any restitution ordered is subject to immediate enforcement and collection by the USAO or defendant's victims, or both. Defendant agrees that any schedule of payments entered by the district court is a schedule of the minimum payment due and does not prohibit or limit the methods by which the USAO may immediately enforce and collect the judgment in full. Defendant acknowledges that restitution may not be discharged, in whole or in part, in any present or future bankruptcy proceeding.

II. THE USAO'S OBLIGATIONS

2. The USAO agrees to:

a. Stipulate to facts agreed to in this agreement;

b. Abide by all agreements regarding sentencing contained in this agreement;

c. At sentencing, provided that defendant demonstrates an acceptance of responsibility for the offenses up to and including the time of sentencing, recommend a two-level reduction in the applicable sentencing guidelines offense level, pursuant to USSG § 3E1.1;

d. At sentencing, move to dismiss the indictment against defendant. Defendant agrees, however, that the district court may consider any dismissed charges in

determining the applicable sentencing guidelines range, the propriety and extent of any departure from that range, and the sentence to be imposed; and

e. Not bring any additional charges against defendant arising out of the factual basis set forth in this agreement. However, the USAO reserves the right to prosecute defendant for (a) any crime of violence as defined by 18 U.S.C. § 16; and (b) any criminal tax violations (including conspiracy to commit such violations chargeable under 18 U.S.C. § 371). Defendant agrees that the district court at sentencing may consider any uncharged conduct in determining the applicable sentencing guidelines range, the propriety and extent of any departure from that range, and the sentence to be imposed after consideration of the sentencing guidelines and all other relevant factors under 18 U.S.C. § 3553(a).

III. ELEMENTS OF THE OFFENSE

3. Count One: The elements of Conversion of Government Money under 18 U.S.C. § 641 are as follows:

First: The defendant knowingly converted to the defendant's use money with the intention of depriving the owner of the use or benefit of the money; and

Second: the money belonged to the United States.

See Ninth Circuit Model Criminal Jury Instruction 23.1 (2022 ed.).

4. Deliberate Indifference: A defendant acts knowingly if:

First: The defendant was aware of a high probability that he was not entitled to reimbursement by Medicare, and

Second: the defendant deliberately avoided learning the truth.

See Ninth Circuit Model Criminal Jury Instruction 4.9 (2022 ed.).

IV. CONSEQUENCES OF CONVICTION

5. Maximum Statutory Penalties: Defendant understands that the statutory maximum sentence the district court can impose for a violation of 18 U.S.C. § 641 as charged in the Information, is: one year of imprisonment; a one-year period of supervised release; a fine of $250,000 or twice the gross gain or gross loss resulting from the offense, whichever is greatest; and a mandatory special assessment of $25.

6. Restitution: Defendant understands that defendant will be required to pay full restitution to the victim(s) of the offense to which defendant is pleading guilty. The parties currently believe that the applicable amount of restitution is approximately $6,519.69, but recognize and agree that this amount could change based on facts that come to the attention of the parties prior to sentencing.

7. Parole Abolished: Defendant acknowledges that defendant's prison sentence cannot be shortened by early release on parole because parole has been abolished.

8. Supervised Release: Defendant understands that supervised release is a period of time following imprisonment during which defendant will be subject to various restrictions and requirements. Defendant understands that if defendant violates one or more of the conditions of any supervised release imposed, defendant may be returned to prison for all or part of the term of supervised release authorized by statute for the offense that resulted in the term of supervised release, which could result in defendant serving a total term of imprisonment greater than the statutory maximum stated above.

9. Factors under 18 U.S.C. § 3553: Defendant understands that the district court must consider the factors set forth in 18 U.S.C. § 3553(a) in determining defendant's sentence. However, the statutory maximum sentence limits the district court's discretion in determining defendant's sentence.

10. Potential Collateral Consequences of Conviction: Defendant understands that, by pleading guilty, defendant may be giving up valuable government benefits and valuable civic rights. Defendant understands that the conviction in this case may subject defendant to various other collateral consequences, including but not limited to revocation of probation, parole, or supervised release in another case and suspension or revocation of a professional license. Defendant understands that unanticipated collateral consequences will not serve as grounds to withdraw defendant's guilty plea.

11. Potential Removal/Deportation Consequences of Conviction: Defendant understands that, if defendant is not a United States citizen, the conviction in this case may subject defendant to removal, also known as deportation, which may, under some circumstances, be mandatory; denial of citizenship; and denial of admission to the United States in the future. The district court cannot advise defendant fully regarding the immigration consequences of the conviction in this case, but defendant's attorney has advised him about the deportation risks of his guilty plea. Defendant understands that unexpected immigration consequences will not serve as grounds to withdraw defendant's guilty plea.

V. FACTUAL BASIS

12. Defendant admits that defendant is, in fact, guilty of the offense to which defendant is agreeing to plead guilty. Defendant acknowledges that if defendant elected to go to trial instead of pleading guilty, the USAO could prove defendant's guilt beyond a reasonable doubt. Defendant further acknowledges that defendant's admissions and declarations of fact set forth below satisfy every element of the charged offense. Defendant waives any potential future claim that the facts defendant admitted below are insufficient to satisfy the elements of the charged offense. Defendant admits and declares under penalty of perjury that the facts set forth below are true and correct:

a. At all relevant times, defendant Festus Onyemaliosia Ebonka, a resident of Las Vegas, Nevada, was a registered nurse and a certified nurse practitioner licensed to practice in Nevada. Ebonka was a provider enrolled in Medicare and was required to abide by all Medicare rules and regulations.

b. From in or around March 2017 through in or around September 2018, Ebonka, through businesses under his control, caused the submission to Medicare of claims requesting reimbursement under Procedure Code L8679.

c. Ebonka submitted those claims based on the purported application of a device called Stivax to patients covered by Medicare.

d. However, these claims were false because Procedure Code L8679 does not cover the application of the Stivax device, which Medicare considers a non-reimbursement acupuncture treatment.

e. On September 13, 2018, Ebonka caused the submission to Medicare of a request for $10,000 of reimbursement under Procedure Code L8679 for services rendered to B.A., a patient of Ebonka. The claim was false because the services provide to B.A. – the application of the Stivax device – were not covered by Procedure Code L8679. Based on this clam, Medicare, a federal agency, reimbursed Ebonka $6,519.69, which he converted to his own use.

f. At the time Ebonka caused the above submission for services provided to B.A., he was deliberately ignorant to the false nature of this claim, that is, he was aware of a high probability that Procedure Code L8679 did not cover the application of the Stivax device and deliberately avoided learning the truth.

g. All of the above occurred in the District of Nevada and elsewhere.

VI. SENTENCING FACTORS

13. Discretionary Nature of Sentencing Guidelines: Defendant understands that in determining defendant's sentence, the district court is required to calculate the applicable sentencing guidelines range and to consider that range, possible departures under the sentencing guidelines, and the other sentencing factors set forth in 18 U.S.C. § 3553(a). Defendant understands that the sentencing guidelines are advisory only, that defendant cannot have any expectation of receiving a sentence within the calculated sentencing guidelines range, and that after considering the sentencing guidelines and the other § 3553(a) factors, the district court will be free to exercise its discretion to impose any sentence it finds appropriate up to the maximum set by statute for the crime of conviction.

14. Offense Level Calculations: The parties jointly agree and stipulate that, in calculating defendant's advisory guidelines sentencing range, the district court should use the following base offense level and adjustments; acknowledge that these stipulations do not bind the district court; and agree that they will not seek to apply or advocate for the use of any other base offense level(s) or any other specific offense characteristics, enhancements, or reductions in calculating the advisory guidelines range:

Base Offense Level [USSG § 2B1.1(a)(2)]:	6
Loss Exceeds $6,500 [USSG § 2B1.1(b)(1)(B)]:	+2
Adjusted Offense Level:	8

The parties further agree that, if, at the time of sentencing, the district court determines that defendant has not received any criminal history points from Chapter Four, Part A, the parties will jointly recommend that defendant receive a two-level reduction pursuant to § 4C1.1(a).

15. Reduction for Acceptance of Responsibility: Under USSG § 3E1.1(a), the USAO will recommend that defendant receive a two-level downward adjustment for acceptance of

responsibility unless defendant (a) fails to truthfully admit facts establishing a factual basis for the guilty plea when defendant enters the plea; (b) fails to truthfully admit facts establishing the amount of restitution owed when defendant enters the guilty plea; (c) fails to truthfully admit facts establishing the forfeiture allegations when defendant enters the guilty plea; (d) provides false or misleading information to the USAO, the Court, Pretrial Services, or the Probation Office; (e) denies involvement in the offense or provides conflicting statements regarding defendant's involvement or falsely denies or frivolously contests conduct relevant to the offense; (f) attempts to withdraw defendant's guilty plea; (g) commits or attempts to commit any crime; (h) fails to appear in court; or (i) violates the conditions of pretrial release.

16. Criminal History Category: Defendant acknowledges that the district court may base defendant's sentence in part on defendant's criminal record or criminal history. The district court will determine defendant's criminal history category under the sentencing guidelines.

17. Additional Sentencing Information: The stipulated sentencing guidelines calculations are based on information now known to the parties. Defendant understands that both defendant and the USAO are free to (a) supplement the facts in this agreement by supplying relevant information to the U.S. Probation and Pretrial Services Offices and the district court regarding the nature, scope, and extent of defendant's criminal conduct and any aggravating or mitigating facts or circumstances; and (b) correct any and all factual misstatements relating to the district court's sentencing guidelines calculations and determination of sentence. While this paragraph permits both the USAO and defendant to submit full and complete factual information to the U.S. Probation and Pretrial Services Offices and the district court, even if that factual information may be viewed as inconsistent with the facts agreed to in this agreement, this paragraph does not affect defendant's and the USAO's obligations not to contest the facts agreed

to in this agreement. Good faith efforts to provide truthful information or to correct factual misstatements shall not be grounds for defendant to withdraw defendant's guilty plea.

18. Defendant acknowledges that the U.S. Probation Office may calculate the sentencing guidelines differently and may rely on additional information it obtains through its investigation. Defendant also acknowledges that the district court may rely on this and other additional information as it calculates the sentencing guidelines range and makes other sentencing determinations, and the district court's reliance on such information shall not be grounds for defendant to withdraw defendant's guilty plea.

VII. POSITIONS REGARDING SENTENCING

19. The parties will jointly recommend that the district court sentence defendant to sentence of three years of probation. In the event that a sentence of three years of probation is outside defendant's advisory Guideline range as determined by the district court, the parties will jointly request a variance to three years of probation.

20. Defendant acknowledges that the district court does not have to follow the recommendation of either party.

21. Notwithstanding its agreement to recommend a sentence as described above, the USAO reserves its right to defend any lawfully imposed sentence on appeal or in any post-conviction litigation.

22. If defendant commits any act that results in the district court finding that defendant is not entitled to a downward adjustment for acceptance of responsibility, the USAO is entitled to argue for any sentence it deems appropriate under 18 U.S.C. § 3553(a). In any such event, Defendant remains bound by the provisions of this agreement and shall not have the right to withdraw defendant's guilty plea.

VIII. WAIVER OF CONSTITUTIONAL RIGHTS

23. Defendant understands that by pleading guilty, defendant gives up the following rights:

a. The right to persist in a plea of not guilty;

b. The right to a speedy and public trial by jury;

c. The right to be represented by counsel—and if necessary have the court appoint counsel—at trial. Defendant understands, however, that, defendant retains the right to be represented by counsel—and if necessary have the court appoint counsel—at every other stage of the proceeding;

d. The right to be presumed innocent and to have the burden of proof placed on the USAO to prove defendant guilty beyond a reasonable doubt;

e. The right to confront and cross-examine witnesses against defendant;

f. The right to testify and to present evidence in opposition to the charges, including the right to compel the attendance of witnesses to testify;

g. The right not to be compelled to testify, and, if defendant chose not to testify or present evidence, to have that choice not be used against defendant; and

h. The right to pursue any affirmative defenses; Fourth Amendment or Fifth Amendment claims; any other pretrial motions that have been or could have been filed; and challenges to any adverse pre-trial rulings (unless specifically reserved in the following section).

24. Having been fully advised by defendant's attorney regarding application of the statute of limitations to the offense to which defendant is pleading guilty, defendant hereby knowingly, voluntarily, and intelligently waives, relinquishes, and gives up: (a) any right that defendant might have not to be prosecuted for the offense to which defendant is pleading guilty because of the expiration of the statute of limitations for that offense prior to the filing of the

information alleging that offense; and (b) any defense, claim, or argument defendant could raise or assert that prosecution of the offense to which defendant is pleading guilty is barred by the expiration of the applicable statute of limitations, pre-indictment delay, or any speedy trial violation.

IX. WAIVER OF APPELLATE RIGHTS

25. Waiver of Appellate Rights: Defendant knowingly and expressly waives the right to appeal: (a) any sentence imposed within or below the applicable Sentencing Guideline range as determined by the district court; (b) the manner in which the district court determined that sentence on the grounds set forth in 18 U.S.C. § 3742; (c) any other aspect of the conviction, including but not limited to the constitutionality of the statutes of conviction; and (d) any other aspect of the sentence, including but not limited to the constitutionality of any mandatory or standard conditions of supervised release; the denial of any motion for early termination of supervised release; and any order of restitution or forfeiture.

26. Defendant reserves only the right to appeal any portion of the sentence that is an upward departure or variance from the applicable Sentencing Guideline range as determined by the district court.

27. Waiver of Post-Conviction Rights: Defendant also knowingly and expressly waives all collateral challenges, including any claims under 28 U.S.C. § 2255, to defendant's conviction, sentence, and the procedure by which the district court adjudicated guilt and imposed sentence, except non-waivable claims of ineffective assistance of counsel.

28. Preservation of Evidence: Defendant acknowledges that the USAO and the agencies investigating this case are not obligated or required to preserve any evidence obtained in the investigation of this case.

X. RESULT OF WITHDRAWAL OF GUILTY PLEA OR VACATUR/REVERSAL/SET-ASIDE OF CONVICTION

29. Consequence of Withdrawal of Guilty Plea: Defendant agrees that if, after entering a guilty plea pursuant to this agreement, defendant seeks to withdraw and succeeds in withdrawing defendant's guilty plea on any basis other than a claim and finding that entry into this agreement was involuntary, then (a) the USAO will be relieved of all of its obligations under this agreement and (b) should the USAO choose to pursue any that was either dismissed or not filed as a result of this agreement, or that the government agreed to move to dismiss at sentencing as part of this agreement, or that the government agreed to move to dismiss at sentencing as part of this agreement, then (i) any applicable statute of limitations will be tolled between the date of defendant's signing of this agreement and the filing commencing any such action; and (ii) defendant waives and gives up all defenses based on the statute of limitations, any claim of pre-indictment delay, or any speedy trial claim with respect to any such action, except to the extent that such defenses existed as of the date of defendant's signing this agreement.

30. Consequence of Vacatur, Reversal, or Set-aside: Defendant agrees that if defendant's conviction is vacated, reversed, or set aside, both the USAO and defendant will be released from all their obligations under this agreement, except that, should the USAO choose to pursue any charge that was either dismissed or not filed as a result of this agreement, then (i) any applicable statute of limitations will be tolled between the date of defendant's signing of this agreement and the filing commencing any such action; and (ii) defendant waives and gives up all defenses based on the statute of limitations, any claim of pre-indictment delay, or any speedy trial claim with respect to any such action, except to the extent that such defenses existed as of the date of defendant's signing this agreement.

XI. BREACH OF AGREEMENT

31. Defendant agrees that if, at any time after this agreement becomes effective, defendant knowingly violates or fails to perform any of defendant's obligations under this agreement ("a breach"), the USAO may declare this agreement breached. All of defendant's obligations are material, a single breach of this agreement is sufficient for the USAO to declare a breach, and defendant shall not be deemed to have cured a breach without the express agreement of the USAO in writing. If the USAO declares this agreement breached, and the district court finds such a breach to have occurred, then: (a) if defendant has previously entered a guilty plea pursuant to this agreement, defendant will remain bound by the provisions of this agreement and will not be able to withdraw the guilty plea; and (b) the USAO will be relieved of all its obligations under this agreement.

32. Following the Court's finding of a knowing breach of this agreement by defendant, should the USAO choose to pursue any charge that was either dismissed or not filed as a result of this agreement, or that the government agreed to move to dismiss at sentencing as part of this agreement, then:

a. Defendant agrees that any applicable statute of limitations is tolled between the date of defendant's signing of this agreement and the filing commencing any such action.

b. Defendant waives and gives up all defenses based on the statute of limitations, any claim of pre-indictment delay, or any speedy trial claim with respect to any such action, except to the extent that such defenses existed as of the date of defendant's signing this agreement.

c. Defendant agrees that: (i) any statements made by defendant, under oath, at the guilty plea hearing (if such a hearing occurred prior to the breach); (ii) the agreed to factual basis statement in this agreement; and (iii) any evidence derived from such statements, shall be

admissible against defendant in any such action against defendant, and defendant waives and gives up any claim under the United States Constitution, any statute, Federal Rule of Evidence 410, Federal Rule of Criminal Procedure 11(f), or any other federal rule, that the statements or any evidence derived from the statements should be suppressed or are inadmissible.

XII. COURT AND UNITED STATES PROBATION AND PRETRIAL SERVICES OFFICE NOT PARTIES

33. Defendant understands that the Court and the U.S. Probation and Pretrial Services Office are not parties to this agreement and need not accept any of the USAO's sentencing recommendations or the parties' agreements to facts or sentencing factors.

34. Defendant understands that both defendant and the USAO are free to argue on appeal and collateral review that the district court's sentencing guidelines calculations and the sentence it chooses to impose are not error.

35. Defendant understands that even if the district court ignores any sentencing recommendation, finds facts or reaches conclusions different from those agreed to by the parties, or imposes any sentence up to the maximum established by statute, defendant cannot, for that reason, withdraw defendant's guilty plea[s], and defendant will remain bound to fulfill all defendant's obligations under this agreement. Defendant understands that no one—not the prosecutor, defendant's attorney, or the Court—can make a binding prediction or promise regarding the sentence defendant will receive, except that it will be within the statutory maximum.

XIII. ADDITIONAL ACKNOWLEDGMENTS

36. Defendant acknowledges that:

a. Defendant read this agreement, and defendant understands its terms and conditions.

b. Defendant had adequate time to discuss this case, the evidence, and this agreement with defendant's attorney.

c. Defendant carefully and thoroughly discussed all terms of this agreement with defendant's attorney.

d. Defendant understands the terms of this agreement and voluntarily agrees to those terms.

e. Defendant has discussed with defendant's attorney the following: the evidence; defendant's rights; possible pretrial motions that might be filed; possible defenses that might be asserted either prior to or at trial; the sentencing factors set forth in 18 U.S.C. § 3553(a); the relevant sentencing guidelines provisions; and consequences of entering into this agreement.

f. The representations contained in this agreement are true and correct, including the factual basis for defendant's offense set forth in this agreement.

g. Defendant was not under the influence of any alcohol, drug, or medicine that would impair defendant's ability to understand the agreement when defendant considered signing this agreement and when defendant signed it.

37. Defendant understands that defendant alone decides whether to plead guilty or go to trial, and acknowledges that defendant has decided to enter defendant's guilty plea knowing of the charges brought against defendant, defendant's possible defenses, and the benefits and possible detriments of proceeding to trial.

38. Defendant understands that no promises, understandings, or agreements other than those set forth in this agreement have been made or implied by defendant, defendant's attorney, or the USAO, and no additional promises, agreements, or conditions shall have any force or effect unless set forth in writing and signed by all parties or confirmed on the record before the district court.

39. Defendant acknowledges that defendant decided to plead guilty voluntarily and that no one threatened, coerced, or forced defendant to enter into this agreement.

40. Defendant is satisfied with the representation of defendant's attorney, and defendant is pleading guilty because defendant is guilty of the charges and chooses to take advantage of the promises set forth in this agreement and for no other reason.

XIV. PLEA AGREEMENT PART OF THE GUILTY PLEA HEARING

41. The parties agree that this agreement will be considered part of the record of defendant's guilty plea hearing as if the entire agreement had been read into the record of the proceeding.

AGREED AND ACCEPTED

UNITED STATES ATTORNEY'S OFFICE
FOR THE DISTRICT OF NEVADA

SUE FAHAMI
Acting United States Attorney

2.4.25
Date

RICHARD ANTHONY LOPEZ
JESSICA OLIVA
Assistant United States Attorneys

2/4/25
Date

FESTUS ONYEMALIOSIA EBONKA
Defendant

2/4/25
Date

CRANE M. POMERANTZ, ESQ.
LIBORIUS AGWARA, ESQ.
Attorneys for Defendant EBONKA

EXHIBIT A
Form of One-Count Information
Charging Defendant Ebonka

THE UNITED STATES ATTORNEY CHARGES THAT

COUNT ONE
Conversion of Government Property
(18 U.S.C. § 641)

On or about September 13, 2018, in the State and Federal District of Nevada,

FESTUS ONYEMALIOSIA EBONKA,

defendant herein, willfully and knowingly did convert to his own use money from Medicare, an agency of the United States, to which defendant knew he was not entitled, all in violation of Title 18, United States Code, Section 641.

UNITED STATES DISTRICT COURT

District of Nevada

UNITED STATES OF AMERICA
v.
FESTUS ONYEMALIOSIA EBONKA

JUDGMENT IN A CRIMINAL CASE

Case Number: 2:22-cr-00156-CDS-NJK-1

USM Number: 12204-510

Crane Pomerantz and Liborius Agwara
Defendant's Attorney

THE DEFENDANT:

☑ pleaded guilty to count(s) 1 of the Information ECF No. 106

☐ pleaded nolo contendere to count(s) which was accepted by the court.

☐ was found guilty on count(s) after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

Title & Section	Nature of Offense	Offense Ended	Count
18 U.S.C. § 641	Conversion of Government Property	9/1/2018	1

The defendant is sentenced as provided in pages 2 through 6 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

☐ The defendant has been found not guilty on count(s)

☑ Count(s) all remaining ☐ is ☑ are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the court and United States attorney of material changes in economic circumstances.

5/5/2025
Date of Imposition of Judgment

Signature of Judge

Cristina D. Silva, United States District Judge
Name and Title of Judge

5/5/2025
Date

DEFENDANT: FESTUS ONYEMALIOSIA EBONKA
CASE NUMBER: 2:22-cr-00156-CDS-NJK-1

PROBATION

You are hereby sentenced to probation for a term of:

3 Years.

MANDATORY CONDITIONS

1. You must not commit another federal, state or local crime.
2. You must not unlawfully possess a controlled substance.
3. You must refrain from any unlawful use of a controlled substance. You must submit to one drug test within 15 days of placement on probation and at least two periodic drug tests thereafter, as determined by the court.
   - ☑ The above drug testing condition is suspended, based on the court's determination that you pose a low risk of future substance abuse. *(check if applicable)*
4. ☐ You must cooperate in the collection of DNA as directed by the probation officer. *(check if applicable)*
5. ☐ You must comply with the requirements of the Sex Offender Registration and Notification Act (34 U.S.C. § 20901, *et seq*.) as directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in the location where you reside, work, are a student, or were convicted of a qualifying offense. *(check if applicable)*
6. ☐ You must participate in an approved program for domestic violence. *(check if applicable)*
7. ☑ You must make restitution in accordance with 18 U.S.C. §§ 2248, 2259, 2264, 2327, 3663, 3663A, and 3664. *(check if applicable)*
8. You must pay the assessment imposed in accordance with 18 U.S.C. § 3013.
9. If this judgment imposes a fine, you must pay in accordance with the Schedule of Payments sheet of this judgment.
10. You must notify the court of any material change in your economic circumstances that might affect your ability to pay restitution, fines, or special assessments.

You must comply with the standard conditions that have been adopted by this court as well as with any other conditions on the attached page.

DEFENDANT: FESTUS ONYEMALIOSIA EBONKA
CASE NUMBER: 2:22-cr-00156-CDS-NJK-1

STANDARD CONDITIONS OF SUPERVISION

As part of your probation, you must comply with the following standard conditions of supervision. These conditions are imposed because they establish the basic expectations for your behavior while on supervision and identify the minimum tools needed by probation officers to keep informed, report to the court about, and bring about improvements in your conduct and condition.

1. You must report to the probation office in the federal judicial district where you are authorized to reside within 72 hours of the time you were sentenced, unless the probation officer instructs you to report to a different probation office or within a different time frame.
2. After initially reporting to the probation office, you will receive instructions from the court or the probation officer about how and when you must report to the probation officer, and you must report to the probation officer as instructed.
3. You must not knowingly leave the federal judicial district where you are authorized to reside without first getting permission from the court or the probation officer.
4. You must answer truthfully the questions asked by your probation officer.
5. You must live at a place approved by the probation officer. If you plan to change where you live or anything about your living arrangements (such as the people you live with), you must notify the probation officer at least 10 days before the change. If notifying the probation officer in advance is not possible due to unanticipated circumstances, you must notify the probation officer within 72 hours of becoming aware of a change or expected change.
6. You must allow the probation officer to visit you at any time at your home or elsewhere, and you must permit the probation officer to take any items prohibited by the conditions of your supervision that he or she observes in plain view.
7. You must work full time (at least 30 hours per week) at a lawful type of employment, unless the probation officer excuses you from doing so. If you do not have full-time employment you must try to find full-time employment, unless the probation officer excuses you from doing so. If you plan to change where you work or anything about your work (such as your position or your job responsibilities), you must notify the probation officer at least 10 days before the change. If notifying the probation officer at least 10 days in advance is not possible due to unanticipated circumstances, you must notify the probation officer within 72 hours of becoming aware of a change or expected change.
8. You must not communicate or interact with someone you know is engaged in criminal activity. If you know someone has been convicted of a felony, you must not knowingly communicate or interact with that person without first getting the permission of the probation officer.
9. If you are arrested or questioned by a law enforcement officer, you must notify the probation officer within 72 hours.
10. You must not own, possess, or have access to a firearm, ammunition, destructive device, or dangerous weapon (i.e., anything that was designed, or was modified for, the specific purpose of causing bodily injury or death to another person such as nunchakus or tasers).
11. You must not act or make any agreement with a law enforcement agency to act as a confidential human source or informant without first getting the permission of the court.
12. If the probation officer determines that you pose a risk to another person (including an organization), the probation officer may require you to notify the person about the risk and you must comply with that instruction. The probation officer may contact the person and confirm that you have notified the person about the risk.
13. You must follow the instructions of the probation officer related to the conditions of supervision.

U.S. Probation Office Use Only

A U.S. probation officer has instructed me on the conditions specified by the court and has provided me with a written copy of this judgment containing these conditions. For further information regarding these conditions, see *Overview of Probation and Supervised Release Conditions*, available at: www.uscourts.gov.

Defendant's Signature _____ Date _____

DEFENDANT: FESTUS ONYEMALIOSIA EBONKA
CASE NUMBER: 2:22-cr-00156-CDS-NJK-1

SPECIAL CONDITIONS OF SUPERVISION

1. Access to Financial Information – You must provide the probation officer access to any requested financial information and authorize the release of any financial information. The probation office will share financial information with the U.S. Attorney's Office.

2. Financial Penalty – If the judgment imposes a financial penalty, you must pay the financial penalty in accordance with the Schedule of Payments sheet of this judgment. You must also notify the court of any changes in economic circumstances that might affect the ability to pay this financial penalty.

DEFENDANT: FESTUS ONYEMALIOSIA EBONKA
CASE NUMBER: 2:22-cr-00156-CDS-NJK-1

CRIMINAL MONETARY PENALTIES

The defendant must pay the total criminal monetary penalties under the schedule of payments on Sheet 6.

	Assessment	Restitution	Fine	AVAA Assessment*	JVTA Assessment**
TOTALS	$ 25.00	$ 6,519.69	$ WAIVED	$	$

☐ The determination of restitution is deferred until _____. An *Amended Judgment in a Criminal Case (AO 245C)* will be entered after such determination.

☐ The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

Name of Payee	Total Loss***	Restitution Ordered	Priority or Percentage
See attached Restitution List.		$6,519.69	

TOTALS	$ 0.00	$ 6,519.69

☐ Restitution amount ordered pursuant to plea agreement $ _____

☑ The defendant must pay interest on restitution and a fine of more than $2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).

☐ The court determined that the defendant does not have the ability to pay interest and it is ordered that:

☐ the interest requirement is waived for the ☐ fine ☐ restitution.

☐ the interest requirement for the ☐ fine ☐ restitution is modified as follows:

* Amy, Vicky, and Andy Child Pornography Victim Assistance Act of 2018, Pub. L. No. 115-299.
** Justice for Victims of Trafficking Act of 2015, Pub. L. No. 114-22.
*** Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

DEFENDANT: FESTUS ONYEMALIOSIA EBONKA
CASE NUMBER: 2:22-cr-00156-CDS-NJK-1

SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties is due as follows:

A ☑ Lump sum payment of $ 25.00 due immediately, balance due

☐ not later than _____, or
☑ in accordance with ☐ C, ☐ D, ☐ E, or ☑ F below; or

B ☐ Payment to begin immediately (may be combined with ☐ C, ☐ D, or ☐ F below); or

C ☐ Payment in equal _____ *(e.g., weekly, monthly, quarterly)* installments of $ _____ over a period of _____ *(e.g., months or years)*, to commence _____ *(e.g., 30 or 60 days)* after the date of this judgment; or

D ☐ Payment in equal _____ *(e.g., weekly, monthly, quarterly)* installments of $ _____ over a period of _____ *(e.g., months or years)*, to commence _____ *(e.g., 30 or 60 days)* after release from imprisonment to a term of supervision; or

E ☐ Payment during the term of supervised release will commence within _____ *(e.g., 30 or 60 days)* after release from imprisonment. The court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or

F ☑ Special instructions regarding the payment of criminal monetary penalties:
Any unpaid balance shall be paid at a monthly rate of not less than 10% of any income earned and/or gross income while on probation, subject to adjustment by the Court based upon ability to pay.

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during the period of imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

☐ Joint and Several

Case Number Defendant and Co-Defendant Names *(including defendant number)*	Total Amount	Joint and Several Amount	Corresponding Payee, if appropriate

☐ The defendant shall pay the cost of prosecution.

☐ The defendant shall pay the following court cost(s):

☐ The defendant shall forfeit the defendant's interest in the following property to the United States:

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) AVAA assessment, (5) fine principal, (6) fine interest, (7) community restitution, (8) JVTA assessment, (9) penalties, and (10) costs, including cost of prosecution and court costs.

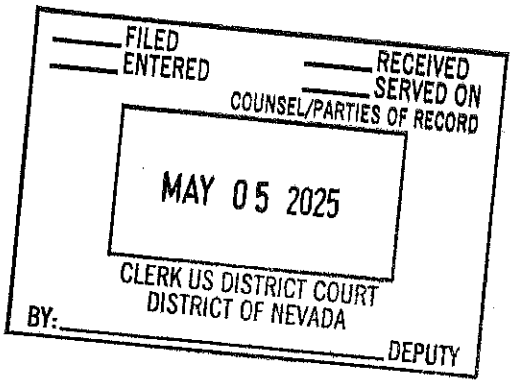
United States v. Festus Onyemaliosia Ebonka
2:22-cr-00156-CDS-NJK
Restitution List

Victim:

U.S. Dept of Health & Human Services
Centers of Medicare and Medicaid Services
7500 Security Boulevard
Mailstop C3-11-03
Baltimore MD 21244

Amount:

$6,519.69



FILED
SEP 0 4 2024
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **FESTUS EBONKA, APRN,** **Certificate of Registration No. CS23430,** **Respondent.**	**Case No. 19-012-CS-S** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, September 4, 2024. Brett Kandt, Esq., prosecuted the case before the Board. Respondent Festus Ebonka, APRN, Certificate of Registration No. CS23430, was represented by counsel, Libo Agwara, Esq. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The Board finds that probative evidence exists in the record to establish each of the following facts by a preponderance of the evidence:

1. The Board has jurisdiction over this matter and this Respondent because, at the time of the events herein, Respondent Festus Ebonka, APRN, held a controlled substance registration, Certificate of Registration No. CS23430, issued by the Board.

2. Respondent pre-signed two (2) controlled substance prescriptions that were issued to patients by his staff - on February 28, 2017, for patient J.J., and on March 2, 2017, for patient D.R. - while he was engaged in overseas travel outside of the United States from February 25 to March 11, 2017.

2017

3. Board staff incurred at least $4,268.097 in attorney's fees and recoverable costs investigating and prosecuting this administrative action. The attorney's fees are reasonable based upon legal counsel's professional qualities, the nature of this administrative enforcement action, the work performed, and the result as evidenced by this Order.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and Respondent because, at the time of the events herein, Respondent held a controlled substance registration issued by the Board.

2. The applicable law in this matter is as follows:

A. It is unlawful for a practitioner to prescribe a controlled substance except as authorized by law. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR §§ 1306.03-1306.05; NRS 453.226(1); NRS 453.321(1)(a); NRS 453.381(1); NRS 639.100(1); NRS 639.235(1); NRS 639.2353.

B. Falsifying a prescription for a controlled substance and the possession of signed prescription blanks are felony offenses. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(f), (h) and (i).

C. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

D. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

E. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or

revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

F. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(11).

G. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(12).

H. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

3. Respondent is GUILTY on Count One of the Accusation: By pre-signing controlled substance prescriptions that were issued to two (2) patients while he was engaged in overseas travel, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1), 21 CFR § 1306.04(a) and/or 21 CFR § 1306.05(a), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(11).

4. Respondent is GUILTY on Count Two of the Accusation: By pre-signing controlled substance prescriptions that were issued to two (2) patients while he was engaged in overseas travel, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1) (f), (h) and (i), NRS 453.381(1), NRS 453.401(l)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2353, and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(12).

5. Respondent is NOT GUILTY on Count Three of the Accusation.

6. Respondent is GUILTY on Count Four of the Accusation: By pre-signing controlled substance prescriptions that were issued to two (2) patients while he was engaged in overseas travel, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

7. Respondent is GUILTY on Count Five of the Accusation: By pre-signing controlled substance prescriptions that were issued to two (2) patients while he was engaged in overseas travel, Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), and/or NRS 639.210(4).

8. Respondent is GUILTY on Count Six of the Accusation: By pre-signing controlled substance prescriptions that were issued to two (2) patients while he was engaged in overseas travel, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The certificate of registration of Respondent Festus Ebonka, APRN, Certificate of Registration No. CS23430, is revoked pursuant to NRS 453.241(1)(b). The revocation is stayed, and Respondent is placed on probation for a period of three (3) years pursuant to NRS 639.255(1)(b) subject to the following conditions:

A. Pursuant to NRS 622.400, Respondent shall pay Four Thousand Two Hundred Sixty-Eight Dollars and Ninety-Seven Cents ($4,268.97) to partially reimburse the Board

for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by due and payable by September 4, 2025;

B. Respondent shall complete two (2) hours of training from Board staff on Nevada Prescription Monitoring Program (PMP) compliance by September 4, 2025;

C. Respondent shall complete two (2) hours of continuing education (CE) on ethics by September 4, 2025; and

D. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

Upon successful completion of probation, Respondent's Certificate of Registration No. CS23430 will be fully restored.

2. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may lift the stay and immediately revoke Respondent's Certificate of Registration No. CS23430, and impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

3. This Order constitutes a final decision in a contested case and a public record pursuant to NRS 639.255(5), and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

4. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 4th day of September, 2024.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **FESTUS EBONKA, APRN,** **Certificate of Registration No. CS23430,** **Respondent.**	**Case No. 19-012-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Festus Ebonka, APRN, held a controlled substance registration, Certificate of Registration No. CS23430, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent pre-signed controlled substance prescriptions that were issued to patients by his staff while he was engaged in overseas travel. Respondent traveled outside of the United States on the following dates: July 14, 2016 – July 25, 2016; February 25, 2017 – March 11, 2017; September 27, 2017 – October 2, 2017; December 22, 2017 – December 28, 2017; and November 9, 2018 – November 30, 2018. Prescriber records and prescriptions document one-hundred and twenty-six (126) controlled substance prescriptions authorized by Respondent during these periods.

3. Respondent caused other practitioners who treated his patients to use his National Provider Identifier (NPI) while he was outside of the country to falsely bill Medicaid and other

2023

commercial health insurance plans for services that Respondent did not personally provide, and received reimbursement for those services.

APPLICABLE LAW

4. It is unlawful for a practitioner to prescribe a controlled substance except as authorized by law. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR §§ 1306.03-1306.05; NRS 453.226(1); NRS 453.321(1)(a); NRS 453.381(1); NRS 639.100(1); NRS 639.235(1); NRS 639.2355.

5. Falsifying a prescription for a controlled substance and the possession of signed prescription blanks are felony offenses. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(f), (h) and (i).

6. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

7. Medicaid fraud is a felony offense. 18 U.S.C. § 1347; 42 U.S.C.A. § 1320a-7b; NRS 422.540(1).

8. Insurance fraud is a felony offense. NRS 686A.2815; NRS 686A.291.

9. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

10. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

11. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(11).

12. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(12).

13. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE

Violation of Federal Controlled Substances Act – Issuing Fraudulent Controlled Substance Prescriptions

14. By pre-signing controlled substance prescriptions that were issued to patients while he was engaged in overseas travel as alleged in Paragraph 2 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1), 21 CFR § 1306.04(a) and/or 21 CFR § 1306.05(a), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(11).

COUNT TWO

Violations of State Law – Issuing Fraudulent Controlled Substance Prescriptions

15. By pre-signing controlled substance prescriptions that were issued to patients while he was engaged in overseas travel as alleged in Paragraph 2 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1) (f), (h) and (i), NRS 453.381(1), NRS

453.401(l)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2355, and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(12).

COUNT THREE

Violations of Federal and State Law – Medicaid Fraud/Insurance Fraud

16. By falsely billing Medicaid and other commercial health insurance plans for services that Respondent did not personally provide, and receiving reimbursement for those services, as alleged in Paragraph 3 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 18 U.S.C. § 1347, 42 U.S.C.A. § 1320a-7b, NRS 422.540(1), NRS 686A.2815 and/or NRS 686A.291, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(11) and/or (12).

COUNT FOUR

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

17. By pre-signing controlled substance prescriptions that were issued to patients while he was engaged in overseas travel as alleged in paragraph 2 herein, and by falsely billing Medicaid and other commercial health insurance plans for services that Respondent did not personally provide, and receiving reimbursement for those services, as alleged in Paragraph 3 herein, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT FIVE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

18. By pre-signing controlled substance prescriptions that were issued to patients while he was engaged in overseas travel as alleged in paragraph 2 herein, and by falsely billing Medicaid and other commercial health insurance plans for services that Respondent did not personally provide, and receiving reimbursement for those services, as alleged in Paragraph 3

herein, Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), and/or NRS 639.210(4).

COUNT SIX

Commission of Acts that Render Registration Inconsistent with the Public Interest

19. By pre-signing controlled substance prescriptions that were issued to patients while he was engaged in overseas travel as alleged in paragraph 2 herein, and by falsely billing Medicaid and other commercial health insurance plans for services that Respondent did not personally provide, and receiving reimbursement for those services, as alleged in Paragraph 3 herein, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 25th day of January 2024.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

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CLERK OF THE COURT

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DISTRICT COURT OF

CLARK COUNTY, NEVADA

FESTUS EBONKA, APRN, Petitioner, vs. NEVADA STATE BOARD OF PHARMACY, Respondent.	Case No. A-24-902608-J Dept. No. 29

ORDER DENYING PETITION FOR JUDICIAL REVIEW

This matter having come before this court on September 11, 2025, on Petitioner's Petition for Judicial Review; Liborius Agwara, Esq., appearing on behalf of Petitioner Festus Ebonka, APRN ("Ebonka") and Brett Kandt, Esq. appearing on behalf of the Respondent Nevada State Board of Pharmacy ("Board"); the Court having reviewed the papers and pleadings on file herein, having heard the arguments of counsel, and with good cause appearing, the Court hereby finds, concludes, and orders as follows:

Case Number: A-24-902608-J

FINDINGS OF FACT

The Notice of Intended Action and Accusation together with the Statement to Respondent and Notice of Hearing was filed and served on Ebonka on or about January 25, 2024, and originally noticed for a hearing on March 6, 2024. AR[1] 0001-0009. Ebonka filed an Answer and Notice of Defense on or about February 21, 2024. AR 0010-0011.

The Board held an evidentiary hearing on September 4, 2024. *See* Reporter's Transcript on file herein, AR 0377-0518. As stipulated by the parties, the entire case file was admitted into evidence. AR 0012-0369; AR 0381:20-0383:5. Based on the evidence presented, the Board after extensive deliberation made findings of fact, conclusions of law, and entered an order on September 4, 2024, imposing discipline on Ebonka, including a stayed revocation of his controlled substance registration, Certificate of Registration No. CS23430 (Order). AR 0370-0376; AR 0483:18-0517:14.

CONCLUSIONS OF LAW

The standard for judicial review is set forth in NRS 223B.135(3):

> The court shall not substitute its judgment for that of the agency as to the weight of evidence on a question of fact. The court may remand or affirm the final decision or set it aside in whole or in part if substantial rights of the petitioner have been prejudiced because the final decision of the agency is:
>
> (a) In violation of constitutional or statutory provisions;
> (b) In excess of the statutory authority of the agency;
> (c) Made upon unlawful procedure;
> (d) Affected by other error of law;
> (e) Clearly erroneous in view of the reliable, probative and substantial evidence on the whole record; or
> (f) Arbitrary or capricious or characterized by abuse of discretion.

See Nassiri v. Chiropractic Physicians' Bd., 130 Nev. 245, 249, 327 P.3d 487, 490 (2014).

[1] "AR" refers to the Administrative Record on file herein.

Ebonka only addresses questions of fact in the Memorandum of Points and Authorities in Support of Petition for Judicial Review. Specifically, Ebonka only focused on one issue for the Petition:

> 1. The Board's finding that Petitioner pre-signed two prescription scripts prior to his overseas trips was clearly erroneous in light of the reliable, probative and substantial evidence on the whole record, and therefore, was arbitrary, capricious and constitute[s] an abuse of discretion.

(Pet. at 5:15-20.)

This is fact specific. And as stated above, the Nevada Supreme Court, and the relevant statute are clear:

> The court shall not substitute its judgment for that of the agency as to the weight of evidence on a question of fact.

See Nassiri, 130 Nev. at 249, 327 P.3d at 490 (quoting 223B.135).

The Controlled Substances Act imposes strict liability on registrants to provide effective controls and procedures to guard against theft and diversion, which includes the duty to safeguard prescribing credentials from unauthorized use. *See* 21 CFR 1301.71(a).

There was substantial evidence elicited which supports the Board's finding that Ebonka pre-signed controlled substance prescriptions that were issued to two (2) patients while he was engaged in overseas travel, in violation of 21 CFR § 1306.05(a).

The Board's determination was based on uncontroverted direct evidence in the form of the two written prescriptions together with Ebonka's own admissions, which conclusively established that the prescriptions were issued under his name and DEA registration number, on prescriptions pads from his office, while he was out of the country, to patients for whom he had previously prescribed the same schedule II controlled substances.

The only claims Ebonka made in his defense were that he did not sign the prescriptions, would never pre-sign a controlled substance prescription, and that they must be forgeries. The Board did not find Ebonka's alibi credible, and upon comparing the four samples of his signature on his written responses to the Board investigation with the signatures on the prescriptions, reasonably concluded that the signatures were in fact his.

This Court cannot overturn the Board's decision solely based upon Ebonka's dispute of the Board's findings. The Board had two versions of a story before it and did not believe Ebonka's version. This Court cannot overturn the Board's decision on this basis.

Ebonka raises several arguments for the first time in reply. This is inappropriate. Arguments may not be raised for the first time in a reply brief. *See Weaver v. State, Dep't of Motor Vehicles*, 121 Nev. 494, 502, 117 P.3d 193, 198-99 (2005) (arguments raised for the first time in an appellant's reply brief need not be considered); *see also Francis v. Wynn Las Vegas, LLC*, 127 Nev. 657, 671 n.7, 262 P.3d 705, 715 n.7 (2011) (same); *see also Khoury v. Seastrand*, 132 Nev. 520, 530 n.2, 377 P.3d 81, 88 n.2 (2016) (citing NRAP 28(c) and concluding that an issue raised for the first time in a reply brief was waived); *Hung v. Berhad*, 138 Nev. 547, 550 n.2, 513 P.3d 1285, 1288 n.2 (Nev. App. 2022) (the general rule [is] that arguments raised for the first time in [a] reply brief are deemed waived). As the factual arguments were the only focus of the opening brief that is all that is considered by the Court. The remaining arguments on other issues are waived.

ORDER

The Petition for Judicial Review is DENIED.

The Judgment of the Board is AFFIRMED.

IT IS SO ORDERED ~~this ___ day of _____, 2025.~~

Dated this 19th day of September, 2025

HONORABLE JACOB A. REYNOLDS

19F 9E6 BA98 0C4B
Jacob A. Reynolds
District Court Judge

Respectfully submitted by:

/s/ Brett Kandt

Brett Kandt, Esq. (Bar No. 5384)
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy – Ste. 206
Reno NV 89521
Attorney for Respondent

Approved as to form and content by:

Liborius Agwara, Esq. (Bar No. 7576)
Law Office of Libo Agwara, Ltd.
2785 E. Desert Inn Road - Ste. 270
Las Vegas, NV 89121
Attorney for Petitioner

CSERV

DISTRICT COURT
CLARK COUNTY, NEVADA

Festus Ebonka, APRN, Petitioner(s) vs. Nevada State Board of Pharmacy, Respondent(s)	CASE NO: A-24-902608-J DEPT. NO. Department 29

AUTOMATED CERTIFICATE OF SERVICE

This automated certificate of service was generated by the Eighth Judicial District Court. The foregoing Order was served via the court's electronic eFile system to all recipients registered for e-Service on the above entitled case as listed below:

Service Date: 9/19/2025

Law Office	agwaralaw@yahoo.com
Liborius Agwara	libolaw@yahoo.com
Liborius Agwara	libolaw@yahoo.com
WM Kandt	bkandt@pharmacy.nv.gov

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FILED
FEB - 3 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **PARTELL SPECIALTY PHARMACY, Pharmacy License No. PH02028,** **v.** **ROBERT SEIK, RPH, Certificate of Registration No. 13574, and** **DAVID WHITEHOUSE, RPH, Certificate of Registration No. 13635,** **Respondents.**	**Case Nos. 23-429-PH-S** **23-429-RPH-A-S** **23-429-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the events alleged herein, Respondent Robert Seik (Seik), Certificate of Registration No. 13574, and Respondent David Whitehouse (Whitehouse), Certificate of Registration No. 13635, were pharmacists registered with the Board, and Respondent Partell Pharmacy (Partell Pharmacy), Pharmacy License No. PH02028, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Seik owns Partell Pharmacy and served as the managing pharmacist of Partell Pharmacy from August 21, 2023, to September 19, 2023, and from January 6, 2024, to present.

3. Whitehouse served as the managing pharmacist of Partell Pharmacy from September 20, 2023, to January 5, 2024.

4. Partell Pharmacy contracted with The Wellness Company (TWC), based in Boca Raton, Florida, to dispense various prescription drug products to TWC patients.

5. One product was an "Emergency Kit" including: 1) Amoxicillin-Clavulanate 875-125mg (28 tablets); 2) Azithromycin 250mg (12 tablets); 3) Bactrim DS 800mg-160mg (28 tablets); 4) Doxycycline Hyclate 100mg (60 capsules); 5) Fluconazole 150mg (2 tablets); 6) Ivermectin 18mg (7 capsules); 7) Metronidazole 500mg (30 tablets); and 8) Ondansetron 4mg (6 tablets).

6. Another product was a "COVID Kit" including: 1) Hydroxychloroquine 200mg (20 tablets); 2) Azithromycin 250mg (12 tablets); 3) Budesonide .5mg (10 vials); and 4) Ivermectin 12mg (25 capsules).

7. Each prescription transmitted to Partell Pharmacy only indicated that the pharmacy was to dispense an "Emergency Kit" or "COVID Kit" to the patient – the drugs in each kit were not identified on the prescription.

8. When a practitioner associated with TWC prescribed either of the two kits, Partell Pharmacy staff used a mutually agreed upon "pharmacy script" template that specified the drugs to be included in each kit.

9. Partell Pharmacy dispensed at least 512 prescriptions issued for an "Emergency Kit" or "COVID Kit" under this scheme.

10. Partell Pharmacy regularly substituted Budesonide in the "COVID Kit" with a Medrol DosePak and Albuterol without consulting the prescribing practitioner, and continued billing TWC for the cost of Budesonide while substituting cheaper medications.

11. None of the counseling materials for each kit included any information on Medrol DosePaks or Albuterol. No further action was taken by Partell Pharmacy, Seik or Whitehouse to correct the counseling materials or provide any information regarding the substituted medications.

APPLICABLE LAW

12. A prescription must contain in pertinent part "[t]he name, strength and quantity of the drug prescribed and the number of days that the drug is to be used, beginning on the day on which the prescription is filled." NRS 639.2353(2)(d). A prescription must be written in such a manner that any registered pharmacist would be able to dispense it. NRS 639.2353(4).

13. Billing for the cost of a prescription drug while substituting cheaper medications constitutes fraud and is a felony offense. 18 U.S.C. § 1347; NRS 629.071; NRS 686A.2815.

14. A pharmacist shall provide medication counseling to a patient when dispensing a prescription and a pharmacy shall maintain documentation of medication counseling in conformance with NRS 639.266, NAC 639.707 and NAC 639.708.

15. Dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug prescribed, unless the express permission of the prescriber is obtained, constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(b) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

16. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

17. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

18. The Board may suspend or revoke a license if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

19. The Board may suspend or revoke a license if the holder has violated any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

20. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. NRS 639.210(15); NRS 639.220(1).

21. Any violation of any of the provisions of NRS Chapter 639 or NAC Chapter 639 by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5). Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employment. NAC 639.945(3).

COUNT ONE
Violations of State Law – Dispensing Invalid Prescriptions

22. By dispensing at least 512 invalid prescriptions issued for an "Emergency Kit" or "COVID Kit" for which the drugs in each kit were not identified on the prescription, as alleged herein, Respondents Partell Pharmacy, Seik and Whitehouse violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.2353(2)(d) and (4), and are subject to discipline pursuant to NRS 639.210(12) and/or (15), NRS 639.220(1) and/or NRS 639.230(5).

COUNT TWO
Unprofessional Conduct - Dispensing a Different Drug Without Permission

23. By substituting Budesonide in the "COVID Kit" with a Medrol DosePak and Albuterol without the knowledge or consent of the prescribing practitioner, as alleged in Paragraph 9 herein, Respondents Partell Pharmacy, Seik and Whitehouse engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(b), and are subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

COUNT THREE
Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

24. By substituting Budesonide in the "COVID Kit" with a Medrol DosePak and Albuterol without the knowledge or consent of the prescribing practitioner, as alleged in Paragraph 10 herein, Respondents Partell Pharmacy, Seik and Whitehouse were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and are subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

COUNT FOUR
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

25. By their conduct as alleged herein, Respondents Partell Pharmacy, Seik and Whitehouse have performed their duties as licensees/registrants in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4), NRS 639.230(5) and/or NAC 639.945(3).

COUNT FIVE
Violations of State Law – Failure to Provide Counseling to Patient for Substituted Medications

26. By failing to correct the counseling materials for each kit to include the necessary information on Medrol DosePaks or Albuterol or to otherwise provide any counseling regarding the substituted medications, as alleged in Paragraph 11 herein, Respondents Partell Pharmacy, Seik and Whitehouse violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.266, NAC 639.707 and/or NAC 639.708, and are subject to discipline pursuant to NRS 639.210(12) and/or (15), NRS 639.220(1) and/or NRS 639.230(5).

COUNT SIX
Violations of State Law – Fraudulent Billing Practices

27. By billing TWC for the cost of Budesonide while substituting cheaper medications, as alleged in Paragraph 10 herein, Respondents Partell Pharmacy, Seik and Whitehouse engaged in fraudulent billing practices and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 18 U.S.C. § 1347, NRS 629.071 and/or NRS 686A.2815, and are subject to discipline pursuant to NRS 639.210(11), (12) and/or (15), NRS 639.220(1) and/or NRS 639.230(5).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration and licenses of these Respondents.

DATED this 3rd day of February 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID WHITEHOUSE, RPH,** **Certificate of Registration No. 13635,** **Respondent.**	**Case No. 23-429-RPH-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, March 5, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **bkandt@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 3rd day of FEBRUARY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID WHITEHOUSE, RPH,** **Certificate of Registration No. 13635,** **Respondent.**	**Case No. 23-429-RPH-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

DAVID WHITEHOUSE, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 3rd day of February 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Partell Specialty Pharmacy
5835 S Eastern Ave #101
Las Vegas, NV 89119

Robert Seik
5835 S Eastern Ave #101
Las Vegas, NV 89119

Robert Seik
[redacted]
Las Vegas, NV [redacted]

David Whitehouse
5835 S Eastern Ave #101
Las Vegas, NV 89119

David Whitehouse
[redacted]
Lakeport, CA [redacted]

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 2nd day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

David Whitehouse
[redacted]
Miami, FL [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
SEP 18 2025
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

DAVID WHITEHOUSE, RPH,
Certificate of Registration No. 13635,

Respondent.

Case No. 23-429-RPH-B-S

NOTICE OF INTENT TO TAKE DECISION BY DEFAULT

PLEASE TAKE NOTICE that the undersigned counsel, Gregory Zunino, Senior General Counsel to Executive Secretary J. David Wuest, acting in his capacity as Board Prosecutor, will apply to the Nevada State Board of Pharmacy (Board) for a Decision by Default pursuant to NRS 622A.350(2) and NRS 639.244(2). Unless the Board grants a continuance of the hearing in this case, the application will be made at the time of said hearing, as currently scheduled for Wednesday, October 15, 2025, at 9:00 a.m., at the following location:

Hilton Garden Inn
7830 S. Las Vegas Boulevard
Las Vegas, Nevada 89123

The undersigned will apply for a Decision by Default on the basis of the facts set forth in the Declaration attached hereto as Exhibit 1.

DATED: September 18, 2025.

Gregory Zunino, Senior General Counsel
Nevada State Board of Pharmacy

Exhibit 1

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAVID WHITEHOUSE, RPH,** **Certificate of Registration No. PT13635,** **Respondent.**	**Case No. 23-429-RPH-B-S** **DECLARATION OF GREGORY ZUNINO**

I, Gregory Zunino, hereby state the following:

1. I am an employee of the Nevada State Board of Pharmacy ("Board"). Pursuant to NRS 53.045, I have made this declaration for use in the above-entitled administrative action.

2. I am responsible for prosecuting administrative cases before the Board. I am knowledgeable about the Board's business processes and information systems as they pertain to filing, mailing, document management, and records retention.

3. I have examined the mailings and email correspondence on file related to the above-captioned case. Paragraphs 4 through 12 below contain a relevant summary of those mailings and correspondence.

4. On February 3, 2025, Board staff served upon Respondent David Whitehouse (Whitehouse) a copy of the Accusation and Notice of Defense in Case No. 23-429-RPH-S. Service was made by mailing true and correct copies of the Accusation and Notice of Defense, via both Certified U.S. Mail and Standard U.S. Mail, to Whitehouse at his last-know residential and work addresses.

5. On June 21, 2025, Whitehouse contacted Board staff via email. He stated that he had not received the Accusation and Notice of Defense through the normal process, but he acknowledged that someone had forwarded it to him via WhatsApp. Whitehouse complained that Board staff had mailed the Accusation and Notice of Defense to Partell Pharmacy without his knowledge. Whitehouse further alleged, without documentary proof, that he had previously given the Board his current address. in Miami, Florida. Whitehouse listed the address as 1065 SW 8th Street #101, Miami, Florida 33130.

6. On June 26, 2025, I sent an email to Whitehouse requesting that he confirm the identity of his attorney and his current mailing address.

7. On June 30, 2025, Whitehouse sent me a message via email in which he indicated that Joey Gilbert was not authorized to represent him. Whitehouse further stated, "I honestly lack the time at this moment to review the 5 page complaint from an incident that occurred over a year and a half ago, which I have no involvement or participation in. . . . As I stated earlier, this seems to be a case of guilt by association and a little digging will prove that out. Hopefully, as a result, the case against me would be dropped."

8. On July 8, 2025, Whitehouse sent me a second message via email in which he emphasized that Joey Gilbert was not authorized to represent him. On that same day, I responded: "Thank you for confirming for me that you are you not represented by Attorney Joey Gilbert. If you advise me that you have engaged some other attorney to represent you, I will correspond with that person. In the meantime, I will correspond with you directly."

9. On August 31, 2025, Whitehouse sent me a third message via email in which complained that he had not yet received a copy of Accusation and Notice of Defense via Certified U.S. Mail as required by statute.

10. In his email dated August 31, 2025, Whitehouse further stated, "It is now September and I most likely will not have time to retain an attorney for the next meeting as is required per said statutorial (sic) procedures, so I ask for another extension until I can retain the services of an attorney who can review the official written case document once it is finally received." Additionally, Whitehouse included a 10-page, single-spaced exposition of the reasons why the Board had violated his rights under state and federal law and the U.S. Constitution.

11. On September 2, 2025, I responded to Whitehouse as follows: "Let me know when you hire an attorney. I will keep this on the agenda for the October meeting. Your attorney can request a continuance."

12. On September 2, 2025, Board staff served upon Whitehouse a copy of the Accusation and Notice of Defense in Case No. 23-429-RPH-S. Service was made by mailing true and correct copies of the Accusation and Notice of Defense, via both Certified U.S. Mail and Standard U.S. Mail, to Whitehouse at [redacted] Miami, Florida [redacted]

13. As of September 18, 2025, no attorney had contacted me or otherwise filed a notice of appearance on behalf of Whitehouse.

14. Based upon my correspondence with Whitehouse, as described above, I have reason to believe that Whitehouse will not appear for the hearing in this matter, as currently scheduled for October 15, 2025. Therefore, it my intention to apply for a Decision by Default.

I, Gregory L. Zunino, hereby declare under penalty of perjury that the foregoing is true and correct.

DATED: September 18, 2025.

Gregory Zunino, Senior General Counsel
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

David Whitehouse, RPH
[redacted]
Miami, FL [redacted]

Darlene Nases

DARLENE NASES
BOARD COORDINATOR

5Q

FILED
JUN 09 2025
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KAVEH KASHANI, DO,** **Certificate of Registration No. CS25528,** **Respondent.**	**Case No. 23-104-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Kaveh Kashani, DO ("Respondent") held a registration issued by the Board, Certificate of Registration No. CS25528.

FACTUAL ALLEGATIONS

2. Respondent is licensed by the Nevada State Board of Osteopathic Medicine ("Osteopathic Board') to practice family medicine. At the time of the violations alleged herein, Respondent was a "practitioner" as that term is defined at NRS 453.126(1) and 639.0125(1).

3. Since February 2, 2017 through present, Respondent has held a certificate of registration issued by the Board pursuant to NRS 453.226. This certificate of registration authorized Respondent to prescribe controlled substances. Since then, Respondent has renewed his certification with the Board biennially, and he holds current active certification.

4. On February 19, 2021, Respondent entered into a signed settlement agreement with the Osteopathic Board to resolve an administrative action it had brought against Respondent for

violating the terms and conditions of a previously agreed-upon consent decree. The Osteopathic Board finalized the settlement agreement through a signed order on March 9, 2021.

5. According to Board records, on September 1, 2022, Respondent renewed his certificate of registration with the Board for the licensing period of November 1, 2022 to October 31, 2024. The renewal period is the first time Respondent would have had to renew his registration since the resolution of his administrative action with the Osteopathic Board.

6. The renewal form requires applicants to answer a series of questions to complete the application, including a set of questions entitled "Legal Information." Question 3 reads: "Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state?" Respondent selected the answer "No" and failed to disclose his administrative action before the Osteopathic Board.

7. The renewal form requires applicants to certify that the statements made are true and correct and that it is a "violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation." Respondent signed and dated the application, acknowledging that his application was true and correct.

8. The Board's staff approved Respondent's certificate of registration authorizing Respondent to dispense controlled substances based upon his representations in the application.

9. On March 17, 2023, Respondent submitted his Dispensing Practitioner application for a new location with the Board. In his application, Respondent disclosed that he had been subject to a board citation or administrative action since his last renewal or licensure. At the time, the Board became aware of Respondent's settlement with the Osteopathic Board.

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APPLICABLE LAW

10. The Board may discipline the holder of any registration if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

11. Conduct contrary to the public interest includes "performing any duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

12. Every practitioner who intends to prescribe controlled substances in Nevada must first apply for and obtain a certificate of registration from the Board. NRS 453.226(1)(a); NRS 453.231(3). A practitioner who fails to register may be subject to criminal and/or civil penalties for prescribing controlled substances without a certificate of registration. *See* NRS 453.232; NRS 453.553; NRS 453.5531; NRS 639.100.

13. A certificate of registration to prescribe controlled substances expires on October 31 of each even-numbered year. NAC 453.210. The registration must be renewed on a form prescribed by the Board. NAC 453.220. The Board may deny a renewal application if it determines that registration would be inconsistent with the public interest. *See* NRS 453.231; NRS 453.241; NRS 639.241-.257.

14. The holder of any certificate, license, or permit issued by the Board must report to the Executive Secretary of the Board any "administrative action taken against the holder by any professional licensing board or any state or federal agency not later than 30 days after the final disposition of the administrative action and provide any documentation of the administrative action requested by the Executive Secretary." NAC 639.229.

15. The Board may revoke or suspend the registration of any practitioner who has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent. NRS 453.236(1)(a); NRS 639.210(9)-(10).

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COUNT ONE
Making False Statements on Renewal Applications

16. For certificate of registration no. CS25528, Respondent submitted a renewal application dated September 1, 2022. In that renewal application, Respondent falsely stated that he had not been the subject of a board citation or administrative action whether completed or pending.

17. As noted above, Respondent was the subject of an administrative action before the Osteopathic Board that resolved on March 9, 2021.

18. By falsely stating that he had not been the subject of a board citation or administrative action, Respondent submitted a renewal application to the Board that was false or fraudulent.

19. Respondent may be disciplined for the acts and/or omissions described above. NRS 453.236(1)(a); NRS 639.210(4), (9) and (10).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Kaveh Kashani.

DATED this 4th day of June 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KAVEH KASHANI, DO,** **Certificate of Registration No. CS25528,** **Respondent.**	**Case No. 23-104-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 9th day of June 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KAVEH KASHANI, DO,** **Certificate of Registration No. CS25528,** **Respondent.**	**Case No. 23-104-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Kaveh Kashani, DO

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of June 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Kaveh Kashani
8225 W Sahara Ave #H
Las Vegas, NV 89117

Dr. Kash Inc
c/o Kaveh Kashani
6040 Badura Ave., Suite 110
Las Vegas, NV 89118

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

FILED
JUL 21 2025
NEVADA STATE BOARD
OF PHARMACY

AYESHA R. MEHDI, ESQ.
Nevada Bar No. 13917
SPENCER FANE LLP
300 South Fourth Street, Suite 1600
Las Vegas, Nevada 89101
Tel.: (702) 408-3400 / Fax: (702) 408-3401
Email: amehdi@spencerfane.com

NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. KAVEH KASHANI, D.O. Certificate of Registration No. CS25528, Respondent.	Case No. 23-104-CS-S **ANSWER AND NOTICE OF DEFENSE**

Pursuant to NRS 622A.320 and NRS 639.243, Respondent Dr. Kaveh Kashani, DO, through undersigned counsel, submits this Answer and Notice of Defense. Dr. Kashani respectfully requests that the Board consider the full legal and evidentiary context before making any disciplinary determination.

1. Dr. Kashani denies that he knowingly made a false statement on his controlled substance renewal application dated September 1, 2022. He understood the question regarding administrative actions to refer to new or separate matters initiated since his last renewal. At the time of submission, he remained subject to a previously disclosed probation that originated before his 2017 pharmacy registration, which he believed remained on file with the Board. Dr. Kashani submits this Answer in full respect for the Board's role in protecting public health and safety through fair and consistent enforcement of Nevada law.

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Spencer Fane LLP
300 South Fourth Street, Suite 1600
Las Vegas, NV 89101-6019
Phone: 702.408.3400 Fax: 702.408.3401

2. The administrative action referenced in the Accusation was finalized by the Nevada State Board of Osteopathic Medicine on March 9, 2021. It did not result from new misconduct but instead modified the terms of an existing probation previously disclosed to the Pharmacy Board during Dr. Kashani's 2017 initial registration. Subsequent filings, including the 2023 dispensing practitioner application and the 2024 controlled substance renewal, affirmatively referenced the same underlying matter and reflect his ongoing intent to remain transparent.

3. Dr. Kashani had no motive to conceal the matter. He received no advantage from answering "No" to Question 3, as the Board had previously issued his license while aware of his probationary status. His response was based on a reasonable, good-faith interpretation of the question's temporal scope, which he understood to refer only to new disciplinary matters arising since his last renewal. The Board's subsequent approval of his renewal without condition confirms that the response had no material bearing on its licensing decision or on the public's protection.

4. NAC 639.229 requires licensees to report final administrative actions taken by other boards within thirty days. While the regulation mandates reporting, it does not specify a penalty for noncompliance. Nothing in the text of NAC 639.229 or its enabling statute, NRS 639.210, expressly imposes strict liability for inadvertent or good-faith omissions. In the absence of willful concealment or other aggravating conduct, such reporting oversights have not been treated as presumptive grounds for formal discipline under the regulation's structure and the Board's historical enforcement approach.

5. NRS 639.210 subsections 9 and 10 authorize discipline for false or fraudulent statements made on an application. Subsection 9 applies when a material falsehood is made willfully. Subsection 10 does not include an express intent requirement but refers generally to false or fraudulent submissions. Other subsections, including 12 and 15, use a knowledge standard when imposing discipline in related contexts. In matters involving administrative errors, the absence of intent to mislead remains relevant to the Board's discretionary authority and the proportionality principles reflected in its enforcement practices.

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Spencer Fane LLP
300 South Fourth Street, Suite 1600
Las Vegas, NV 89101-6019
Phone: 702.408.3400 Fax: 702.408.3401

6. NRS 639.210(4) authorizes discipline for unprofessional conduct or conduct contrary to the public interest. While the statute does not define these terms, publicly available enforcement actions suggest that the Board has invoked this provision in matters involving conduct that compromises public trust, regulatory integrity, or patient safety. Dr. Kashani's clerical error caused no such harm and does not appear to meet the threshold for formal discipline under this standard.

7. The investigative file contains no evidence of patient harm, diversion, improper prescribing, or misuse of Dr. Kashani's controlled substance registration. Since obtaining licensure in Nevada, Dr. Kashani has remained in good standing with both the Pharmacy Board and the Board of Osteopathic Medicine. He has maintained a valid DEA registration and has continued to practice without restriction.

8. The September 2022 renewal error occurred during the final phase of a five-year probation that had been extended by agreement with the Osteopathic Board. Dr. Kashani was under the impression that the Board was already aware of the administrative status from prior disclosures. His continued disclosure of the same matter in later filings supports the conclusion that the error was isolated and unintentional.

9. NRS 622A.360 permits informal disposition of a contested case by stipulation, settlement, consent order, or default. Where no ongoing public safety concern exists, such resolution may be appropriate. Dr. Kashani's record, combined with the absence of aggravating factors, supports closure of this matter through discretionary enforcement without formal discipline. This outcome would align with prior Board practice and the remedial purpose of Chapter 622A.

10. Under NRS 622A.300 and 233B.127, a licensee facing disciplinary action is entitled to notice, a hearing, and the opportunity to respond to the allegations presented. Dr. Kashani invokes those rights through this Answer and reserves the opportunity to present evidence, legal argument, and testimony should this matter proceed to hearing.

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Spencer Fane LLP
300 South Fourth Street, Suite 1600
Las Vegas, NV 89101-6019
Phone: 702.408.3400 Fax: 702.408.3401

Spencer Fane LLP
300 South Fourth Street, Suite 1600
Las Vegas, NV 89101-6019
Phone: 702.408.3400 Fax: 702.408.3401

11. In light of the above, Dr. Kashani respectfully requests that the Board dismiss the Accusation and close the matter without discipline. Alternatively, Respondent may consider resolution through a stipulated agreement if appropriate, subject to review and authorization.

12. Should a stipulated agreement be reached, Respondent respectfully requests that it clarify no adverse report will be submitted to the National Practitioner Data Bank under 45 C.F.R. § 60.12(a), which limits reporting to actions that impose restrictions on licensure or are based on findings of professional incompetence or misconduct. Dr. Kashani's conduct does not meet that threshold.

13. The request for resolution is further supported by the absence of disciplinary history with the Board of Pharmacy and the consistent disclosure of the underlying administrative matter in other Board filings. No evidence exists that Dr. Kashani sought to circumvent Board oversight or to obtain licensure by deceit.

14. If the Board elects to impose any sanction, it should be limited to a non-disciplinary administrative fine or advisory letter, and it should expressly disclaim any finding of intent to deceive or falsify. Such a resolution would comport with the Board's mandate to ensure fairness and proportionality in licensing decisions.

15. Any disciplinary sanction disproportionate to the underlying conduct may be subject to judicial review under NRS 233B.135 if found arbitrary, capricious, or unsupported by substantial evidence. Dr. Kashani reserves all rights to challenge such action in accordance with Nevada law.

16. This Answer is supported by verified documentation, including prior Board applications and declarations submitted under penalty of perjury. Additional evidence will be offered as appropriate at the time of hearing or stipulation.

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17. Dr. Kashani reserves the right to amend this Answer and submit additional affirmative defenses as facts develop. If the Stipulated Resolution Proposal is rejected, Dr. Kashani requests that the Board set the matter for hearing on October 15, 2025, as noticed, and that it provide the Respondent with full opportunity to present testimony, documentary evidence, legal argument, and expert support, if necessary. All factual representations are made by undersigned counsel based on the administrative record and prior Board filings. Respondent reserves the right to supplement, correct, or clarify the record upon review.

Dated this 21st day of July, 2025.

Respectfully Submitted by:

SPENCER FANE LLP

/s/ Ayesha Medhi
Ayesha Mehdi, Esq
Nevada Bar No. 13917
300 South Fourth Street, Suite 1600
Las Vegas, Nevada 89101
Tel.: (702) 408-3400 / Fax: (702) 408-3401
Email: amehdi@spencerfane.com

Spencer Fane LLP
300 South Fourth Street, Suite 1600
Las Vegas, NV 89101-6019
Phone: 702.408.3400 Fax: 702.408.3401

CERTIFICATE OF SERVICE

I certify that on this 21st day of July 2025, a true and correct copy of the foregoing Answer and Notice of Defense was served upon the following by electronic mail and U.S. Mail:

Laura M. Tucker, Esq.
General Counsel Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206 Reno, NV 89521
Email: L.Tucker@pharmacy.nv.gov ; TeamBC@pharmacy.nv.gov

/s/ Suri Guzman
An employee of Spencer Fane LLP

Spencer Fane LLP
300 South Fourth Street, Suite 1600
Las Vegas, NV 89101-6019
Phone: 702.408.3400 Fax: 702.408.3401

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KAVEH KASHANI, DO,** **Certificate of Registration No. CS25528,** **Respondent.**	**Case No. 23-104-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Laura M. Tucker, Esq., and Kaveh Kashani, DO, ("Respondent"), by and through counsel, Ayeshi Mehdi, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. Respondent acknowledges that he understands the terms of this Stipulation and Proposed Order ("Stipulation"), and that he has executed it knowingly and voluntarily.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded to Respondent under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

5. Conditioned on the acceptance of this Stipulation by the Board, and excluding the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violation alleged in Count One of the Accusation, to wit:

A. Respondent did not disclose on his 2022 renewal application that he had been the subject of an administrative action before the Nevada State Board of Osteopathic Medicine. Respondent later disclosed this action in subsequent filings. The Board concludes this constitutes a violation of its reporting and application requirements.

7. Now, therefore, to resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agrees to the imposition of the following penalties:

A. Respondent accepts the Stipulation as a public reprimand imposed pursuant to NRS 639.255(1)(e).

B. Respondent shall pay an administrative fine of **One Thousand and 00/100 Dollars ($1,000.00)**, payable by *cashier's check, certified check,* or *money order* written to the "**State of Nevada, Office of the Treasurer.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before November 14, 2025.

C. Respondent shall pay the sum of **Five Hundred and 00/100 Dollars ($500.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check,* or *money order* written to the "**Nevada State Board of Pharmacy.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before November 14, 2025.

8. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 23-104-CS-S. However, Respondent understands and acknowledges that his failure to comply with the terms stated herein may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly

scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

9. The Board's General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 15, 2025, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear for the meeting.

10. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

11. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

12. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

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Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of _____ 2025.

_____
KAVEH KASHANI, DO
Certificate of Registration No. CS25528

Signed this ____ day of _____ 2025.

NEVADA STATE BOARD OF PHARMACY

By_____
LAURA M. TUCKER, ESQ.
General Counsel

Approved as to Form and Content:

_____
AYESHA MEHDI, ESQ.

Attorney for Respondent Kaveh Kashani, DO

DECISION AND ORDER

As to Kaveh Kashani, in Case No. 23-104-CS-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this ____day of October 2025.

_____
Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALEX SPINOSO, MD.,** **Certificate of Registration No. CS36319,** **Respondent.**	**Case No. 24-332-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Alex Spinoso, M.D. (Respondent) held a license issued by the Board, CS36319, authorizing him to prescribe controlled substances.

FACTUAL ALLEGATIONS

2. Respondent owns Genesis Lifestyle Medicine, located at 7455 W. Washington Ave., Suite 140, in Las Vegas, Nevada, and 3037 W. Horizon Ridge Parkway, Suite 110, in Henderson, Nevada.

3. From at least August 1, 2022 until October 1, 2023, Respondent's credentials were used to issue some electronic prescriptions for patients with whom Respondent had not established a bona fide therapeutic relationship, before Respondent had examined the patients, and whom Respondent had neither diagnosed nor determined that a controlled substance was medically necessary.

4. According to a Board investigation, several Nevada patients to whom Respondent prescribed controlled substances stated that they never had any contact with Respondent, either in

person, via telephone, or electronically. While Genesis Lifestyle Medicine employed three nurse practitioners who met with patients at its two Las Vegas-area locations, only Respondent's credentials were used to issue prescriptions for controlled substances.

5. From at least August 1, 2022 until October 1, 2023, in some instances, Respondent's credentials were used to issue electronic prescriptions for patients from a Las Vegas-based IP address, at a time when Respondent was physically not located in Las Vegas. According to a Board investigation, several employees stated that the Respondent rarely physically came into the Nevada clinics.

6. According to Board records, Respondent issued 351 controlled substances prescriptions, primarily for testosterone cypionate, for 173 unique Nevada patients, from August 1, 2022 until October 1, 2023. During this time period, Genesis Lifestyle Medicine employees stated that Respondent was rarely, if ever, physically present at either the Las Vegas or Henderson locations. Furthermore, during this time period, Board records show that Respondent ran PMP reports for only 36 patients. Since September 22, 2022, Board records show that Respondent has not run any PMP reports on patients to whom he prescribed controlled substances.

APPLICABLE LAW

7. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession, to a patient with whom the practitioner has established a bona fide therapeutic relationship. NRS 453.381(1); NRS 639.235.

8. An electronic prescription for a controlled substance must be issued in compliance with 21 CFR § 1311.100, NRS 453.385, NRS 639.23535 and NAC 639.7105(2), and a practitioner must retain sole possession of the hard token, where applicable, and must not share the password or other knowledge factor, or biometric information, with any other person, and

must not allow any other person to use the token or enter the knowledge factor or other identification means to sign prescriptions for controlled substances. 21 CFR § 1311.102.

9. Performing or in any way being a party to any deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

10. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

11. Prescribing a drug to any patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship deems the prescription illegal pursuant to NRS 639.235(1) and constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n)(2) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

12. Violating or attempting to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

13. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 upon a finding that the registrant has committed an act that renders registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE

Unlawfully Issuing Electronic Prescriptions for Controlled Substances

14. By permitting unauthorized employees to use his credentials and act under his authority to issue electronic prescriptions for controlled substances, as alleged above, Respondent violated or attempted to violate, or knowingly permitted, allowed, or condoned a

violation of NRS 639.235(1), NRS 639.23535, and/or NAC 639.7105, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT TWO

Unprofessional Conduct -Party to Deceitful Practice or Transaction by Permitting Use of Credentials

15. As alleged above, by permitting employees to use his credentials and act under his authority to issue prescriptions for controlled substances, Respondent was party to a deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(l)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT THREE

Unprofessional Conduct -Incompetent, Unskillful or Negligent Performance of Duties by Allowing Prescribing Credentials to be Used by Unauthorized Employees

16. By engaging in the unauthorized use of his credentials and authority to issue electronic prescriptions for controlled substances, as alleged above, Respondent failed to comply with 21 CFR § 1311.102, NRS 453.164(7) and NAC 639.7105(2)(b), and performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and NRS 639.210(4).

COUNT FOUR

Unprofessional Conduct – Prescribing/Dispensing Without Bona Fide Therapeutic Relationship

17. By issuing electronic prescriptions for controlled substances to patients with whom he did not have a bona fide therapeutic relationship as alleged above, Respondent issued an illegal prescription pursuant to NRS 639.235, has violated or attempted to violate NRS 453.381(1) and NRS 453.385, and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(n)(2). As such, Respondent is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT FIVE

Noncompliance with Prescription Monitoring Program

18. As alleged above, Respondent queried the PMP database regarding his patients' histories of using controlled substances only 36 times from August 1, 2022 to October 1, 2023 and has not run a patient report since September 22, 2022.

19. By failing to query the PMP database to review his patients' utilization report prior to issuing a prescription for a controlled substance, Respondent violated NRS 453.164(7) and NRS 639.23507. These are violations of state law and acts that render Respondent's Nevada controlled substance registration inconsistent with the public interest. Therefore, the Board may impose administrative discipline. NRS 639.210(4) and (12); NRS 639.255(3), NRS 453.236(1)(d) and (e), and NRS 453.241(1).

COUNT SIX

Unprofessional Conduct by a Practitioner – Failure to Query PMP Database

20. As alleged above, Respondent queried the PMP database regarding his patients' histories of using controlled substances only 36 times from August 1, 2022 to October 1, 2023 and has not run a patient report since September 22, 2022.

21. By failing to query the PMP database to review his patients' utilization report prior to issuing a prescription for a controlled substance, Respondent performed his duties as the holder of a certificate issued by the Board in an incompetent, unskillful or negligent manner.

22. As alleged above, Respondent's conduct constitutes unprofessional conduct for which the Board may impose administrative discipline. NRS 639.210(4); NAC 639.945(1)(i).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Alex Spinoso.

Signed this 25th day of July 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALEX SPINOSO, MD.,** **Certificate of Registration No. CS36319,** **Respondent.**	**Case No. 24-332-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, October 15, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 25th day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALEX SPINOSO, MD.,** **Certificate of Registration No. CS36319,** **Respondent.**	**Case No. 24-332-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

ALEX SPINOSO, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of August 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Alex Spinoso, MD c/o Genesis Las Vegas
7455 W Washington St., #140
Las Vegas, NV 89128

Alex Spinoso, MD c/o Genesis Lifestyle Medicine
3037 W. Horizon Ridge Pkwy., Ste. 110
Henderson, NV 89052

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALEX SPINOSO, MD.,** **Certificate of Registration No. CS36319,** **Respondent.**	**CASE NO. 24-332-CS-S** **OBJECTION, ANSWER TO NOTICE OF INTENDED ACTION AND ACCUSATION, AND NOTICE OF DEFENSE**

The above-named Respondent, Alex Spinoso, M.D., Certificate of Registration ("Certificate") No. CS36319 ("Respondent"), by and through his undersigned counsel of Holland & Hart LLP, in response to the Notice of Intended Action and Accusation ("Accusation") filed in the above-captioned matter before the Nevada State Board of Pharmacy ("Board"), declares and states as follows in response to the Accusation and allegations therein:

OBJECTION TO ACCUSATION

Pursuant to Nevada Revised Statutes ("NRS") 639.244(1)(b), NRS 622A.320(1), and NRS 233B.121(4), Respondent makes the following objection to the Accusation:

1. Respondent objects to the allegations in the Accusation on the basis that it fails to identify a single instance of patient harm (or patient complaint) in connection with its allegations and the Accusation's counts should be dismissed, or adjudicated accordingly, based on this lack of patient harm.

ANSWER AND NOTICE OF DEFENSE

Pursuant to NRS 639.244(1)(b), NRS 622A.320(1), and NRS 233B.121(4), Respondent hereby answers the allegations in the Accusation as follows:

JURISDICTION[1]

1. Answering Paragraph 1 of the Accusation, this paragraph contains legal conclusions to which no response is required; nonetheless, to the extent there are factual

[1] The headings used by Respondent in this Objection, Answer and Notice of Defense in response to the Accusation are copied from the Accusation for organizational purposes only; Respondent's adoption of these headings does not constitute and cannot be construed as any admission as to any fact.

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allegations within Paragraph 1 of the Accusation that require a response, Respondent admits only that he holds the Certificate issued by the Board; Respondent denies all other allegations within Paragraph 1 of the Accusation not specifically admitted herein.

FACTUAL ALLEGATIONS

2. In responding to Paragraph 2 of the Accusation, Respondent admits only that he maintained a medical practice located within the offices of Genesis Lifestyle Medicine at 7455 W. Washington Ave., Suite 140, in Las Vegas, Nevada and 3037 W. Horizon Ridge Parkway, Suite 110, in Henderson, Nevada, and denies all allegations within Paragraph 2 not specifically admitted herein.

3. In responding to Paragraph 3 of the Accusation, Respondent admits only that Respondent's credentials were used to issue electronic prescriptions for patients, and otherwise denies all allegations within Paragraph 3 not specifically admitted herein.

4. In responding to Paragraph 4 of the Accusation, Respondent lacks personal knowledge of the matters investigated by the Board and alleged within this Paragraph of the Accusation, and therefore denies the allegations of Paragraph 4 on that basis.

5. In responding to Paragraph 5 of the Accusation, Respondent admits only that Respondent's credentials were used to issue electronic prescriptions for patients; Respondent lacks personal knowledge of the matters investigated by the Board and alleged within this Paragraph of the Accusation and therefore denies all allegations within Paragraph 5 not specifically admitted herein

6. In responding to Paragraph 6 of the Accusation, Respondent lacks personal knowledge of the matters investigated by the Board and alleged within this Paragraph of the Accusation, and therefore denies the allegations of Paragraph 6 on that basis.

APPLICABLE LAW

7. Answering Paragraphs 7, 8, 9, 10, 11, 12, and 13 of the Accusation, these Paragraphs contain statements of law, summaries of statutes, and other legal conclusions to which no response is required or can be fairly made by Respondent; however, for the purposes of non-waiver and to the extent these Paragraphs of the Accusation contain any factual allegations to

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which a response is required, Respondent denies each and every one of the allegations within Paragraphs 7, 8, 9, 10, 11, 12, and 13, inclusive.

COUNT ONE

8. Answering Paragraph 14 of the Accusation, this Paragraph contains statements of law, summaries of statutes and regulations, and other legal conclusions to which no response is required or can be fairly made by Respondent; however, for the purposes of non-waiver, and to the extent this Paragraph contains any factual allegations to which a response is required, Respondent denies the allegations within Paragraph 14 of the Accusation, and specifically denies any allegation of misconduct, wrongdoing, or violation of any statute or regulation identified therein.

COUNT TWO

9. Answering Paragraph 15 of the Accusation, this Paragraph contains statements of law, summaries of statutes and regulations, and other legal conclusions to which no response is required or can be fairly made by Respondent; however, for the purposes of non-waiver, and to the extent this Paragraph contains any factual allegations to which a response is required, Respondent denies the allegations within Paragraph 15 of the Accusation, and specifically denies any allegation of misconduct, wrongdoing, or violation of any statute or regulation identified therein.

COUNT THREE

10. Answering Paragraph 16 of the Accusation, this Paragraph contains statements of law, summaries of statutes and regulations, and other legal conclusions to which no response is required or can be fairly made by Respondent; however, for the purposes of non-waiver, and to the extent this Paragraph contains any factual allegations to which a response is required, Respondent denies the allegations within Paragraph 16 of the Accusation, and specifically denies any allegation of misconduct, wrongdoing, or violation of any statute or regulation identified therein.

. . .

. . .

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COUNT FOUR

11. Answering Paragraph 17 of the Accusation, this Paragraph contains statements of law, summaries of statutes and regulations, and other legal conclusions to which no response is required or can be fairly made by Respondent; however, for the purposes of non-waiver, and to the extent this Paragraph contains any factual allegations to which a response is required, Respondent denies the allegations within Paragraph 17 of the Accusation, and specifically denies any allegation of misconduct, wrongdoing, or violation of any statute or regulation identified therein.

COUNT FIVE

12. In responding to Paragraph 18 of the Accusation, Respondent lacks personal knowledge of the matters investigated by the Board and alleged within this Paragraph of the Accusation, and therefore denies the allegations of Paragraph 18 on that basis.

13. Answering Paragraph 19 of the Accusation, this Paragraph contains statements of law, summaries of statutes and regulations, and other legal conclusions to which no response is required or can be fairly made by Respondent; however, for the purposes of non-waiver, and to the extent this Paragraph contains any factual allegations to which a response is required, Respondent denies the allegations within Paragraph 19 of the Accusation, and specifically denies any allegation of misconduct, wrongdoing, or violation of any statute or regulation identified therein.

COUNT SIX

14. In responding to Paragraph 20 of the Accusation, Respondent lacks personal knowledge of the matters investigated by the Board and alleged within this Paragraph of the Accusation, and therefore denies the allegations of Paragraph 20 on that basis.

15. Answering Paragraph 21 of the Accusation, this Paragraph contains legal conclusions to which no response is required or can be fairly made by Respondent; however, for the purposes of non-waiver, and to the extent this paragraph contains any factual allegations to which a response is required, Respondent denies the allegations within Paragraph 21 of the

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Accusation, and specifically denies any allegation of acting in an incompetent, unskillful or negligent manner.

16. Answering Paragraph 22 of the Accusation, this paragraph contains statements of law, summaries of statutes and regulations, and other legal conclusions to which no response is required or can be fairly made by Respondent; however, for the purposes of non-waiver, and to the extent this paragraph contains any factual allegations to which a response is required, Respondent denies the allegations within Paragraph 22 of the Accusation, and specifically denies any allegation of misconduct, wrongdoing, or violation of any statute or regulation identified therein.

RESPONSE TO ACCUSATION'S REQUEST FOR RELIEF

In response to the Board's request for relief, Respondent denies that the Board should take any disciplinary action with respect to his Certificate.

AFFIRMATIVE DEFENSES

Respondent asserts and raises the following affirmative defenses to the Board's allegations contained within the Accusation:

1. The Board's Accusation, in whole or in part, fails to state a claim upon which relief may be granted.

2. Respondent's prescriptions identified in the Accusation were validly issued to patients with which Respondent established a *bona fide* treatment relationship.

3. Respondent's prescriptions identified within the Accusation were issued for medically necessary purposes in the course of patient treatment.

4. Respondent's prescriptions to the patients identified in the Accusation were issued in material conformity with all applicable state and federal laws and regulations.

5. Respondent had conducted an appropriate medical background and examination of the patients identified within the Accusations.

6. Respondent's conduct and discharge of the activities identified within the Accusation were each, at all relevant times, undertaken honestly, competently, and in a manner consistent with the appropriate standard of care.

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7. Respondent exercised appropriate supervision over duly licensed advanced practice registered nurses involved in the evaluation and treatment of patients identified within the Accusation.

8. Respondent's actions relating to the allegations within the Accusation, and at all relevant times, were not inconsistent with or injurious to public safety or the public's interests.

9. Respondent's conduct described in the Accusation all times, undertaken in a manner that Respondent understood to be, and intended to be, compliant with state and federal law, including but not limited to the United States Controlled Substances Act, the Uniform Controlled Substances Act (NRS Chapter 453), NRS Chapters 454 and 639, and all applicable regulations and guidance thereto.

10. The Accusation is not premised upon and does not allege any patient harm from the conduct and actions alleged therein.

11. Respondent exercised due care and good faith towards the Board, Respondent's patients referenced within the Accusation, and/or made a good faith effort to comply with all statutes and administrative code provisions governing his Certificate, and all other statutes and administrative code provisions concerning the prescription and ordering of drugs and controlled substances.

12. All possible affirmative defenses may not have been alleged herein insofar as sufficient facts were not available after reasonable inquiry upon the filing of Respondent's Answer and insofar as the Accusation is couched in conclusory and vague terms, and therefore Respondent hereby reserves the right to assert additional affirmative defenses.

RESPONDENT'S PRAYER FOR RELIEF

WHEREFORE, Respondent respectfully requests the following relief be granted by the Board:

1. That following the hearing the Accusation and this proceeding be dismissed with prejudice;

2. That no action, whether a condition, limitation, suspension, revocation, or any other act or imposition, be taken by the Board against Respondent's Certificate.

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LAS VEGAS, NV 89134

3. That the Board award Respondent his attorneys' fees and costs incurred in defense of this action; and

4. Such other and further relief as the Board deems proper.

DATED this 27th day of August 2025

HOLLAND & HART LLP

J. Malcolm DeVoy, Esq.
Sydney R. Gambee, Esq.
HOLLAND & HART LLP
9555 Hillwood Drive, Second Floor
Las Vegas, Nevada 89134
Telephone: 702-669-4636
jmdevoy@hollandhart.com
srgambee@hollandhart.com
Attorneys for Respondent

CERTIFICATE OF SERVICE

I, the employee of Holland & Hart identified below, certify that on this 27th day of August 2025, I served two (2) copies of the **OBJECTION, ANSWER TO NOTICE OF INTENDED ACTION AND ACCUSATION, AND NOTICE OF DEFENSE** in Case No. 24-332-CS-S to the Nevada State Board of Pharmacy via U.S. Mail to the address set forth below, and by emailing a copy of this document to the Board of Pharmacy's coordinating staff at the email addresses below:

Laura M. Tucker, Esq.
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521
TeamBC@Pharmacy.nv.gov.
L.Tucker@Pharmacy.nv.gov

Courtney M. Sullivan, Esq.
Boesen & Snow Law
8501 E. Princess Drive # 220
Scottsdale, AZ 85255
csullivan@bslawusa.com
(*via email only*)

An Employee of Holland & Hart LLP

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HOLLAND & HART LLP
9555 HILLWOOD DRIVE, 2ND FLOOR
LAS VEGAS, NV 89134

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALEX SPINOSO, M.D.,** **Certificate of Registration No. CS36319,** **Respondent.**	**Case No. 24-332-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Laura M. Tucker, Esq., and Alex Spinoso, M.D., ("Respondent"), by and through counsel, Courtney M. Sullivan, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. Respondent acknowledges that he understands the terms of this Stipulation and Proposed Order ("Stipulation"), and that he has executed it knowingly and voluntarily.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded to Respondent under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

5. Conditioned on the acceptance of this Stipulation by the Board, and excluding the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in Counts Four, Five, and Six of the Accusation, to wit:

A. Between August 2022 to October 1, 2023, Respondent did not access the prescription monitoring program database for the purpose of reviewing his prescribing activity, as required by NRS 453.164(7), for at least some of the controlled substances he prescribed, and he did not review patient utilization reports in at least some instances where such review was required pursuant to NRS 639.23507.

B. Respondent did not personally evaluate certain patients for whom he issued prescriptions for controlled substances. Although these patients were personally evaluated by other credentialed practitioners working within the same medical practice as Respondent and Respondent assertedly relied upon the impressions, notes, and evaluations prepared by those practitioners, those practitioners did not issue the prescriptions in question.

7. The parties agree that there is no direct evidence to establish that Respondent knowingly authorized or directed non-credentialed persons to access the prescription monitoring program database on Respondent's behalf. Therefore, in the interest of compromise, Counts One, Two, and Three of the Accusation shall be dismissed upon approval of this Stipulation by the Board.

8. Now, therefore, to resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree that Respondent's Certificate of Registration No. CS36319 is REVOKED, effective immediately; however the revocation is stayed, and Respondent is placed on probation for a period of one (1) year, subject to the following conditions:

A. Respondent shall pay an administrative fine of **Five Thousand and 00/100 Dollars ($5,000.00)**, payable by *cashier's check, certified check,* or *money order* written to the "**State of Nevada, Office of the Treasurer.**" Respondent shall remit payment in full to the

Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before November 14, 2025.

B. Respondent shall pay the sum of **One Thousand Two Hundred Fifty and 00/100 Dollars ($1,250.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check,* or *money order* written to the "**Nevada State Board of Pharmacy.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before November 14, 2025.

C. Respondent agrees to **continue to comply with all PMP-related laws and regulations**, including but not limited to, NRS 453.164(7) and NRS 639.23507, and to contact the Board of Pharmacy in the future if he has any problems or questions;

D. Respondent agrees to **participate in training with Board staff on use of the PMP system** within sixty (60) days of the effective date of this order;

E. As a condition of probation, Respondent shall not engage in any conduct for which disciplinary action may be imposed pursuant to the provisions of NRS 639.210, NRS 453.236, and/or associated regulations.

9. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 24-332-S. However, Respondent understands and acknowledges that his failure to comply with the terms stated herein may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639. For the avoidance of doubt, such hearing must occur and further or additional discipline must be imposed to change or modify the discipline set forth in this Stipulation, including the dissolution or termination of the stay of revocation for Respondent's Certificate.

10. The Board's General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 15, 2025, in

Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear for the meeting.

11. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

12. If the Board rejects any part or all of this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of _____ 2025.

_____
ALEX SPINOSO, MD
Certificate of Registration No. CS36319

Signed this ____ day of _____ 2025.

NEVADA STATE BOARD OF PHARMACY

By_____
LAURA M. TUCKER, ESQ.
General Counsel

Approved as to Form and Content:

_____
COURTNEY M. SULLIVAN, ESQ.
Attorney for Respondent Alex Spinoso, MD

DECISION AND ORDER

As to Alex Spinoso, in Case No. 24-332-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this ____day of October 2025.

_____
Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL J. STELLMACHER, PA,** **Certificate of Registration No. CS21884,** **Respondent.**	**Case No. 24-364-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Michael J. Stellmacher, PA ("Respondent") held a registration issued by the Board, Certificate of Registration No. CS21884.

FACTUAL ALLEGATIONS

2. At all times relevant to this accusation, Respondent has been employed as the medical director of Premier Beauty, LLC, also known as Channel Pro, (Premier Beauty), located at 4555 S. Fort Apache Road, Suite 104, in Las Vegas, Nevada.

3. Since at least December 28, 2023 until present, Joseph Gillis ("Gillis") owned and/or operated Premier Beauty. Since at least May 9, 2024 until present, Betty Dare ("Dare") was listed as the director of Premier Beauty. Gillis and Dare are not Nevada-licensed practitioners as that term is defined in NRS 639.0125 and NRS 453.126.

4. A Board investigation on August 29, 2024 revealed that Respondent permitted Gillis and Dare to have independent access to the medication storage containing dangerous drugs, and to access those medications outside Respondent's presence without Respondent's supervision.

5. Respondent admitted that he was the medical director of Premier Beauty, but that he rarely was on site and stated that he had no patient records. Respondent was not physically on-site at Premier Beauty while Board investigators were there.

6. Respondent permitted Dare to independently access, possess, furnish, and administer dangerous drugs to patients, to provide on-site medical treatment, including the administration of dangerous drugs through injection, specifically tirzepatide, semaglutide powders, and nicotinamide adenine dinucleotide (NAD), without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a dangerous drug was medically necessary.

7. Furthermore, the investigation revealed that these dangerous drugs were purchased from OUISA Pharmacy Corp. (OUISA), located in Spring Hill, Florida; OUISA not licensed as a wholesaler by the Board. The dangerous drugs were labeled as not for patient use.

8. Respondent permitted Gillis to purchase the drug products using the National Provider Identifier (NPI) number of Dr. Jayendrakumar Amin (Amin) and had the products shipped to California. Amin is located in California and does not hold any license or registration with the Board.

9. Premier Beauty's inventory included multiple vials of various injectable drugs intended for distribution in foreign markets and not approved for distribution or use in the United States, including medytox and other forms of botulinum toxins, multivitamin injections, and glutathione injections.

10. In at least one instance, Respondent's failure to supervise Dare while she administered tirzepatide to a patient resulted in patient harm. On June 7, 2024, Dare injected patient D.S. with tirzepatide and gave D.S. three more shots to take home with her. D.S. went to the emergency room with injuries from the injection. Respondent was not on site during the injection.

11. On or about February 19, 2025, the Board issued a cease-and-desist order with a citation and fine against Premier Beauty, Gillis, and Dare for unlicensed activity. On or about February 25, 2025, the Board issued a cease-and-desist order with a citation and fine against Amin for unlicensed wholesale activity.

APPLICABLE LAW

12. No person may possess, furnish or administer a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213; NRS 454.217; NRS 454.221; NRS 454.316; NRS 454.321; NRS 454.356; NRS 639.100(1); NRS 639.1373.

13. Only those individuals permitted to do so pursuant to NRS 454.213 may possess, store, or administer dangerous drugs. Chart orders are patient-specific and medication-specific. *See* NRS 454.0041; NRS 639.004.

14. A physician assistant who is authorized to prescribe and dispense controlled substances and dangerous drugs may do so only for a legitimate medical purpose. NAC 639.280(1)(a).

15. All controlled substances and dangerous drugs in the possession of physician assistant must be kept in a locked storage area with access restricted to authorized persons. NAC 639.285(1).

16. The Board may suspend or revoke the certificate of registration of physician assistant that has failed to maintain the security of his or her drug supply. NAC 639.295(13).

17. It is unlawful to purchase, possess, sell, furnish or administer any drug product intended for distribution in foreign markets and not approved for distribution or use in the United States. 21 U.S.C. § 331; 21 U.S.C. § 355(a); NRS 454.351(1); NRS 585.490.

18. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of registration issued by the Board to a physician assistant. NRS 639.210(11); NAC 639.295(10).

19. The Board may revoke or suspend the registration of any physician assistant who has violated, attempted to violate, assisted, or abetted in the violation of, or conspired to violate any law or regulation relating to drugs, including, without limitation, any provision of chapter 453, 454, 585 or 639 of NRS or any regulation pertaining thereto. NRS 639.210(12) NAC 639.295(16).

20. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.295(4).

21. Aiding or abetting a person in unlicensed practice constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.295(4).

22. It is unlawful for a physician assistant to inject botulinum toxin type A in a patient or customer "at a location other than a medical facility, as defined in NRS 449.0151, or the office of a physician or physician assistant licensed [pursuant to applicable statutes]." NRS 454.217.

23. Dispensing a drug to any patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct contrary to the public pursuant to NAC 639.945(1)(n) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4); NAC 639.295(4).

24. The Board may suspend or revoke a registration issued pursuant to NRS 453.226 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

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COUNT ONE

Violations of State Law - Failure to Maintain Security of Dangerous Drugs

25. By permitting Gillis and Dare to have unrestricted access to his inventory of dangerous drugs at Premier Beauty as alleged in paragraphs 4-5 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.285(1), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NAC 639.295(13) and (16) and/or NRS 639.210(12).

COUNT TWO

Violations of State Law – Unlawful Possession & Administration of Dangerous Drugs

26. By permitting an unlicensed individual to independently access, possess, furnish, and administer dangerous drugs without direct practitioner supervision, to patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed not determined that a dangerous drug was medically necessary, as alleged in paragraph 6 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213, NRS 454.217, NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 639.100(1) and/or NRS 639.1373, and is subject to discipline pursuant to NAC 639.295(16 and/or NRS 639.210(12).

COUNT THREE

Violations of Federal and State Law – Using Drugs Not Approved in the United States

27. By purchasing, possessing, selling, furnishing and/or administering drug products intended for distribution in foreign markets and not approved for distribution or use in the U.S., as alleged in paragraph 9 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 331, 21 U.S.C. § 355(a), NRS 454.351(1) and/or NRS 585.490, and is subject to discipline pursuant to NAC 639.295(10) and/or NRS 639.210(11).

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COUNT FOUR

Unprofessional Conduct – Unlawful Possession & Administration of Dangerous Drugs

28. By his conduct as alleged in paragraphs 4-10 herein, Respondent performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner, aided and abetted unlicensed practice, and engaged in or aided and abetted others to engage in, unprofessional conduct as defined in NAC 639.945(i), (j) and (n), and is subject to discipline pursuant to NAC 639.295(4) and/or NRS 639.210(4).

COUNT FIVE

Commission of Acts that Render Registration Inconsistent with Public Interest

29. By his conduct as alleged in paragraphs 4-10 herein, Respondent has committed acts that render registration inconsistent with public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy impose appropriate discipline with respect to Respondent's Certificate of Registration No. CS21884.

Signed this 9th day of JUNE 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL J. STELLMACHER, PA,** **Certificate of Registration No. CS21884,** **Respondent.**	**Case No. 24-364-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, July 16, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov **and** L.Tucker@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 9th day of June 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL J. STELLMACHER, PA,** **Certificate of Registration No. CS21884,** **Respondent.**	**Case No. 24-364-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Michael J. Stellmacher, PA

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of June 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Michael Stellmacher, PA
[redacted]
Fallon, NV [redacted]

Michael Stellmacher, PA
[redacted]
Pahrump, NV [redacted]

Michael Stellmacher, PA
[redacted]
Las Vegas, NV [redacted]

Forte Family Practice
c/o Michael Stellmacher, PA
9010 West Cheyenne Ave
Las Vegas, NV 89129

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

GREENBAY SPECIALTY PHARMACY, License No. PH04393,

Respondent.

Case No. 24-384-PH-S

NOTICE OF INTENDED ACTION AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Greenbay Specialty Pharmacy (Respondent) held a license issued by the Board pursuant to NRS 639.230, authorizing the business to operate as a pharmacy.

FACTUAL ALLEGATIONS

2. Respondent, located at 3483 S. Eastern Avenue, Suite 100 in Las Vegas, Nevada, was licensed by the Board under License No. PH04393 to operate as a pharmacy from December 8, 2021 through the present.

3. Jose Ferran (Ferran), License No. 16283, was the managing pharmacist during all relevant times.

4. On or about September 18, 2024, the Board received a complaint from pharmacy benefits manager Caremark stating that, during its review of Respondent's invoices, Caremark discovered that Respondent provided counterfeit invoices from HIV medications from MDR

Specialty Distribution Corporation (MDR Specialty), a company that does not provide HIV medications.

5. MDR Specialty is not licensed as a wholesaler with the Board to wholesale in Nevada.

6. In a statement, Ferran stated that a representative from MDR Specialty approached Respondent in 2023 offering prices for HIV medication that were $100 to $200 less than the wholesale acquisition cost.

7. Respondent asked for a copy of MDR Specialty's license, and MDR Specialty provided a license with the Virginia Board of Pharmacy and the National Association of Boards of Pharmacy. MDR Specialty did not provide a license to wholesale in Nevada.

8. A Board investigation determined that MDR Specialty provided Respondent with another company's legitimate licenses in Virginia and with the National Association of Boards of Pharmacy as its own.

9. On or about August 2023, Respondent began ordering HIV medications from MDR Specialty and received an email from MDR Specialty with a copy of the pedigree for each shipped medication.

10. A Board investigation later determined that MDR Specialty falsified the pedigrees for the HIV medications and that MDR Specialty never purchased HIV medications from the manufacturer as it claimed.

11. Respondent dispensed the drugs it purchased from MDR Specialty to Nevada patients.

12. On or about January 2024, during a routine inspection of Respondent's invoices, a Board inspector informed Respondent that it appeared MDR Specialty was not licensed by the Board to wholesale in Nevada.

13. Ferran stated that he did not ask MDR Specialty for a copy of its Nevada license following the Board's inspection.

14. After Caremark identified the counterfeit invoices and notified Respondent in September 2024, Respondent asked for MDR Specialty's Nevada license. At that time, MDR Specialty disconnected its phones, did not respond to emails, and shut down operations.

APPLICABLE LAW

15. Nevada law defines a purchaser as a pharmacy or practitioner that purchases a prescription drug *from a wholesaler licensed pursuant to NRS 639.233*. Any person, including a wholesaler or manufacturer, who engages in the business of wholesale distribution or furnishing controlled substances, poisons, drugs, devices or appliances that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license from the Board. NRS 639.233(1).

16. A wholesaler may sell a prescription drug only if the sale is a bona fide transaction. NRS 639.595(1). A purchase shall be deemed a bona fide transaction if the wholesaler purchased the drug directly from the manufacturer of the drug or with a reasonable belief that the drug was originally purchased directly from the manufacturer of the drug. NRS 639.595(5)(a).

17. Pursuant to 21 U.S.C. § 331(a), (b) and (c) it is unlawful to engage in the sale and/or distribution of an adulterated or misbranded drug in interstate commerce.

18. Pursuant to NRS 585.520(1) and (2) it is unlawful to sell or distribute an adulterated or misbranded drug. A drug is misbranded if it is an imitation of another drug or offered for sale under the name of another drug. NRS 585.460.

19. A pharmacist has a duty to exercise reasonable care when purchasing drugs from a wholesaler for resale to the public. Pursuant to NRS 639.100(1), it is unlawful for any person to permit to be manufactured, distributed at wholesale, sold or dispensed, any drug, poison, medicine or chemical, or to dispense, or permit to be dispensed, any prescription of a practitioner, unless the person holds the appropriate certificate, license or permit and complies with the regulations adopted by the Board. *See also* NAC 639.601 (misbranded drug must be destroyed or returned to the supplier).

20. The Board may suspend or revoke a license if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11). The Board may revoke or suspend the registration of any practitioner who has violated, attempted to violate, assisted, or abetted in the violation of, or conspired to violate any of the provisions of NRS chapter 639 or any state or federal law or regulation relating to drugs, the manufacture or distribution of drugs, or the practice of pharmacy. NRS 639.210(12).

21. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h). The holder of any license who performs their duties as an entity licensed by the Board in an incompetent, unskillful or negligent manner acts in a manner declared to be unprofessional conduct or contrary to the public interest pursuant to NAC 639.945(1)(i).

22. The Board may revoke or suspend the registration of any license holder who is guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4).

23. In lieu of, or in addition to revoking or suspending a license holder's registration for violating the law or engaging in unprofessional conduct, the Board may impose fines as a disciplinary measure. *See* NRS 639.255; NAC 639.955.

COUNT ONE

Unprofessional Conduct -Performing Duties in an Incompetent, Unskillful, or Negligent Manner

24. As alleged above, between August of 2023 and September of 2024, Respondent purchased counterfeit HIV medication from MDR Specialty. Respondent dispensed the medication to patients in Nevada.

25. During the relevant time period, MDR Specialty did not hold a license with the Board to engage in the business of wholesale distribution in Nevada.

26. At no time between August of 2023 and September 2024 did Respondent request proof that MDR Specialty was a licensed wholesaler in Nevada pursuant to NRS 639.233.

27. Because Respondent did not request proof that MDR Specialty was a licensed wholesaler, Respondent allowed counterfeit HIV medication to be dispensed to patients in Nevada.

28. Because it is unlawful to sell counterfeit drugs, Respondent had a duty to exercise reasonable care when purchasing drugs from a wholesaler for resale to the public. *See* NRS 639.100(1). By failing to verify that MDR Specialty was a licensed wholesaler in Nevada, Respondent performed its duties as a purchaser and as the holder of a certificate of registration issued by the Board in an incompetent, unskillful, or negligent manner.

29. Respondent's conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

COUNT TWO

Unprofessional Conduct -Being Party to a Fraudulent or Deceitful Practice

30. As alleged above, between August of 2023 and September of 2024, Respondent purchased fraudulent HIV medication from MDR Specialty. Respondent dispensed the counterfeit HIV medication to patients in Nevada.

31. During the relevant time period, MDR Specialty did not hold a license with the Board to engage in the business of wholesale distribution in Nevada.

32. Respondent knew or should have known that MDR Specialty was not licensed with the Board to engage in the business of wholesale distribution in Nevada.

33. By dispensing counterfeit medications to Nevada patients through the use of an unlicensed wholesaler, Respondent was a party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h). By performing these acts, Respondent engaged in unprofessional conduct and conduct contrary to the public interest. NAC 639.945(1)(k). This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(4).

COUNT THREE

Aiding or Abetting Violation of a State Law or Regulation

34. Between August of 2023 and September of 2024, Respondent purchased counterfeit HIV medication from MDR Specialty.

35. During the relevant time period, MDR Specialty did not hold a license with the Board to engage in the business of wholesale distribution in Nevada.

36. At no time between August of 2023 and September 2024 did Respondent request proof that MDR Specialty was a licensed wholesaler in Nevada pursuant to NRS 639.233.

37. As alleged above, MDR Specialty falsified the pedigrees for the HIV medications, and MDR Specialty never purchased HIV medications from the manufacturer as it claimed.

38. Upon the medications' delivery, Respondent dispensed the counterfeit HIV medications to patients in Nevada.

39. By selling medication that was not purchased directly from the manufacturer, MDR Specialty did not engage in a bona fide transaction as defined in NRS 639.595.

40. Respondent knew or should have known that MDR Specialty was not licensed by the Board to engage in the business of wholesale distribution in Nevada.

41. By dispensing counterfeit drugs with actual or constructive knowledge of MDR Specialty's unlicensed activity as alleged above, Respondent permitted MDR Specialty to engage in, or assisted or abetted MDR Specialty in, the unlicensed practice of wholesaling.

42. Respondent's conduct as alleged above amounts to unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(j).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent.

DATED this 25th day of JULY 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GREENBAY SPECIALTY PHARMACY, License No. PH04393,** **Respondent.**	**Case No. 24-384-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, October 15, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243. You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 25th day of July 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GREENBAY SPECIALTY PHARMACY, License No. PH04393,** **Respondent.**	**Case No. 24-384-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

AUTHORIZED REPRESENTATIVE FOR GREENBAY SPECIALTY PHARMACY

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of August 2025, I served a true and correct copy of the foregoing document by Standard U.S. mail to the following:

Greenbay Specialty Pharmacy
3483 S Eastern Avenue, Suite 100
Las Vegas, NV 89169

ERIN MILLER
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR II

FILED
AUG 13 2025
NEVADA STATE BOARD OF PHARMACY

Craig K. Perry
Nevada Bar No. 3786
CRAIG K. PERRY & ASSOCIATES
6210 N. Jones Blvd., #753907
Las Vegas, Nevada 89136
T: (702) 228-4777
F: (702) 943-7520
cperry@craigperry.com

Attorney for Respondent
Greenbay Specialty Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GREENBAY SPECIALTY PHARMACY, License No. PH04393,** **Respondent.**	**CASE NO. 24-384-PH-S** **ANSWER TO NOTICE OF INTENDED ACTION AND ACCUSATION; AND NOTICE OF DEFENSE**

Respondent, above named, by and through her attorney, Craig K. Perry of the law firm of Craig K. Perry & Associates, that in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, and on advice of counsel, Respondent answers as follows:

1. Respondent admits, denies and alleges, with respect to each paragraph, as follows:

Respondent admits paragraphs 1, 2, 3, 6, 7, 9, 10, 11, 15, 16, 17, 18, 19, 20, 21, 22, 23, 25, 31, 35, and 36.

As to paragraph 24, Respondent admits that it purchased what it reasonably believed were valid HIV medications from MDR Specialty, and because it is without sufficient knowledge as to the remainder of the allegations, denies the rest.

As to paragraph 34, Respondent admits that it purchased what it reasonably believed were valid HIV medications from MDR Specialty, and because it is without sufficient knowledge as to the remainder of the allegations, denies the rest.

As to paragraph 38, Respondent admits that it dispensed what it reasonably believed were valid HIV medications from MDR Specialty, and because it is without sufficient knowledge as to the remainder of the allegations, denies the rest.

Respondent is without sufficient knowledge and therefore denies paragraphs 4, 5, 8, 12, 13, 14, 26, 27, 28, 30, 37, and 39.

Respondent denies paragraphs 29, 32, 33, 40, 41, and 42.

Respondent alleges that some of the interpretations of the statutes cited are either not properly cited to or are subject to interpretation wherein reasonable minds can differ as to their meaning or application, specifically, with reference to (1) the definition of "counterfeit drugs" or "fraudulent HIV medication" as opposed to drugs obtained from non-licensed distributors or wholesalers, (2) grounds for discipline with specific reference to statutory provisions.

Respondent alleges it acted in good faith with respect to the purchase of these medications from a company that stole the identity of another legitimate company.

Respondent alleges it checked the licensing of MDR Specialty as a licensed wholesaler in other states, therefore there was no reason to believe the MDR Specialty was not a legitimate wholesaler.

Respondent alleges that it was never asked by the Board of Pharmacy, after MDR Specialty was inspected by the Board of Pharmacy, to take any additional steps to investigate its legitimacy. Had any concerns been raised about its legitimacy, or had it been asked to investigate further, it would have done so.

2. The defenses of the Notice of Intended Action and Accusation are hereby interposed on the following grounds:

a) At all stated times, Respondent acted in good faith and took reasonable precautions to ensure that MDS Specialty was a legitimate wholesaler, including checking on its licensure in Virginia and with the National Association of Boards of Pharmacy, and complying with all inspections and requests made by the Nevada State Board of Nursing. In addition, all packaging of the drugs appeared to come from the original drug companies, without any sign of counterfeiting or fraudulent packaging. After the fraud was discovered, Respondent immediately contacted the doctor who administered said medications, and no side effects or problems with any patient was found.

b) Fraudster used the name of another legitimate wholesaler, namely MDR Specialty making discovery of the fraud difficult to detect

c) Leo, the investigator for the Nevada State Board of Pharmacy, at the time of inspection expressed his belief that MDR Specialty was probably operating under and d/b/a, appeared unconcerned, and did not make any recommendations to Respondent to take any additional steps to determine whether MDR Specialty were a bona fide wholesaler. Indeed, no red flags were apparent either to Respondent or the Board's investigator. Had there been any concerns, Respondent would have acted immediately to rectify the situation.

d) Respondent believes it exercises reasonable care as required by in its purchase of drugs from this wholesaler for resale to the public. Due diligence of respondent included obtaining copies of MDR Specialty's license from both Virginia Board of Pharmacy and the National Association of Boards of Pharmacy. Reliance on these results was reasonable in determining whether the wholesaler was legitimate, apart from whether it was licensed to do business in Nevada.

e) After the Nevada State Board of Pharmacy's investigation, it did not ask for MDR licensure and, therefore, as a result, no follow-up investigation was carried out by Respondent.

f) It is not clear whether the medication was counterfeit, contraband, or fraudulent. Every indication is that the medication was legitimate, although it was also wholesaled illegally by a sham operation set up to sell meds as if it were MDR Specialty.

g) As soon as Respondent learned of the fraud being perpetrated by the so-called MDR Specialty, it immediately notified the doctor. *See* letter from Dr. XXX, attached hereto.

h) Out of the 20 or so persons who utilize these medications, there are no reports of any adverse results, lending credence to the possibility and likelihood that the medications were not counterfeit or fraudulent, but legitimate.

i) Respondent operated its business in good faith and did not know that MDR Specialty was not licensed with the Board, nor did the Board advise them of this fact during or after its investigation.

j) Respondent was ready, willing, and able to do anything the Board of Pharmacy requested with respect to investigating the legitimacy of MDR Specialty, but nothing was asked of it.

I hereby declare, under penalty of perjury, that the foregoing answer and notice of defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 8/13/2025 day of August, 2025.

ardam panjabi
ID avJWqjUYtwb4NWDg79JkkrHc

Kardam Panjabi, Pharmacy Service Manager
Greenbay Specialty Pharmacy

eSignature Details

Signer ID:	**avJWqjUYtwb4NWDg79JkkrHc**
Signed by:	Kardam Panjabi
Sent to email:	marut.greenbay@gmail.com
IP Address:	68.226.44.108
Signed at:	Aug 13 2025, 1:48 pm PDT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GREENBAY SPECIALTY PHARMACY, License No. PH04393,** **Respondent.**	**Case No. 24-384-PH-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through counsel, Laura M. Tucker, Esq., and Greenbay Specialty Pharmacy, ("Respondent"), by and through counsel, Craig K. Perry, Esq., hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. Respondent acknowledges that it understands the terms of this Stipulation and Proposed Order ("Stipulation"), and that it has been executed knowingly and voluntarily in consultation with an attorney.

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded to Respondent under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

5. Conditioned on the acceptance of this Stipulation by the Board, and excluding the right to challenge any determination that Respondent has failed to comply with the provisions of this

Stipulation, Respondent hereby freely and voluntarily waives the right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violation alleged in Count One, Count Two, and Count Three of the Accusation, to wit:

A. On or about September 18, 2024, the Board received a complaint from pharmacy benefits manager Caremark stating that, during its review of Respondent's invoices, Caremark discovered that Respondent provided potentially counterfeit invoices from HIV medications from MDR Specialty Distribution Corporation (MDR Specialty), a company that does not provide HIV medications.

B. MDR Specialty is not licensed as a wholesaler with the Board to wholesale in Nevada. Respondent asked for a copy of MDR Specialty's license, and MDR Specialty provided a license with the Virginia Board of Pharmacy and the National Association of Boards of Pharmacy. MDR Specialty did not provide a license to wholesale in Nevada.

C. On or about August 2023, Respondent began ordering HIV medications from MDR Specialty and received an email from MDR Specialty with a copy of the pedigree for each shipped medication.

D. A Board investigation later determined that MDR Specialty falsified the pedigrees for the HIV medications and that MDR Specialty never purchased HIV medications from the manufacturer as it claimed.

E. Respondent dispensed the drugs it purchased from MDR Specialty to Nevada patients.

F. On or about January 2024, during a routine inspection of Respondent's invoices, a Board inspector informed Respondent that it appeared MDR Specialty was not licensed by the Board to wholesale in Nevada.

G. In September 2024, after being informed by Caremark that Respondent had provided potentially counterfeit invoices from HIV medications from MDR Specialty,

Respondent asked for MDR Specialty's Nevada license. At that time, MDR Specialty disconnected its phones, did not respond to emails, and shut down operations.

H. Because Respondent did not request proof that MDR Specialty was a licensed wholesaler, Respondent allowed potentially counterfeit HIV medication to be dispensed to patients in Nevada. Respondent had a duty to exercise reasonable care when purchasing drugs from a wholesaler for resale to the public. *See* NRS 639.100(1). By failing to verify that MDR Specialty was a licensed wholesaler in Nevada, Respondent performed its duties as a purchaser and as the holder of a certificate of registration issued by the Board in an incompetent, unskillful, or negligent manner.

I. Furthermore, Respondent knew or should have known that MDR Specialty was not licensed with the Board to engage in the business of wholesale distribution in Nevada. By dispensing potentially counterfeit medications to Nevada patients through the use of an unlicensed wholesaler, Respondent was a party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h) and (k).

J. By selling medication that was not purchased directly from the manufacturer, MDR Specialty did not engage in a bona fide transaction as defined in NRS 639.595. Respondent knew or should have known that MDR Specialty was not licensed by the Board to engage in the business of wholesale distribution in Nevada because it should have requested proof that MDR Specialty was a licensed wholesaler in Nevada pursuant to NRS 639.233.

K. MDR Specialty falsified the pedigrees for the HIV medications, and MDR Specialty never purchased HIV medications from the manufacturer as it claimed. Upon the medications' delivery, Respondent dispensed the potentially counterfeit HIV medications to patients in Nevada. By selling medication that was not purchased directly from the manufacturer, MDR Specialty did not engage in a bona fide transaction as defined in NRS 639.595.

L. By dispensing potentially counterfeit drugs with actual or constructive knowledge of MDR Specialty's unlicensed activity as alleged above, Respondent permitted MDR Specialty to engage in, or assisted or abetted MDR Specialty in, the unlicensed practice of wholesaling.

M. Respondent's conduct as alleged above amounts to unprofessional conduct or conduct contrary to the public interest for which the Board may impose administrative discipline pursuant to NRS 639.210(4), NAC 639.945(1)(i), and NAC 639.945(1)(j).

7. Now, therefore, to resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agrees to the imposition of the following penalties:

A. Respondent accepts the Stipulation as a public reprimand imposed pursuant to NRS 639.255(1)(e).

B. Respondent shall pay an administrative fine of **Ten Thousand and 00/100 Dollars ($10,000.00)**, payable by *cashier's check, certified check,* or *money order* written to the "**State of Nevada, Office of the Treasurer.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before November 14, 2025.

C. Respondent shall pay the sum of **One Thousand and 00/100 Dollars ($1,000.00)** to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter. This sum shall be payable by *cashier's check, certified check,* or *money order* written to the "**Nevada State Board of Pharmacy.**" Respondent shall remit payment in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, on or before November 14, 2025.

8. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 24-384-PH-S. However, Respondent understands and acknowledges that its failure to comply with the terms stated herein may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly

scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation by Respondent, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

9. The Board's General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 15, 2025, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear for the meeting.

10. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

11. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

12. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have been asserted by the Board on or before the effective date of this Order.

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Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of _____ 2025.

GREENBAY SPECIALTY PHARMACY

By_____
KARDAM PANJABI
Certificate of Registration No. PH04393

Signed this ____ day of _____ 2025.

NEVADA STATE BOARD OF PHARMACY

By_____
LAURA M. TUCKER, ESQ.
General Counsel

Approved as to Form and Content:

_____
CRAIG K. PERRY, ESQ.

Attorney for Respondent Greenbay Specialty Pharmacy

DECISION AND ORDER

As to Greenbay Specialty Pharmacy, in Case No. 24-384-PH-S, the Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in the matter and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

IT IS SO ORDERED.

Entered this ____day of October 2025.

_____
Helen Park, President
Nevada State Board of Pharmacy

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FILED
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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAMETRIA WILLIAMS, PTT** **Certificate of Registration No. PT29910,** **Respondent.**	**Case No. 25-049-PTT-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this Respondent because at the time of the events alleged herein, Respondent Dametria Williams, (Respondent) License No. PT29910, was registered by the Board as a pharmaceutical technician trainee.

FACTUAL ALLEGATIONS

2. Respondent has held a license as a pharmaceutical technician trainee (PTT) with the Board since March 19, 2024.

3. Respondent's renewal application for the 2024-2026 biennial renewal period lists her mailing address as her home address in Las Vegas. This address is the last known address for this licensee that the Board has.

4. On March 19, 2024 Respondent submitted a PTT application and failed to disclose a criminal arrest/conviction. The Board issued a PTT registration the same day.

5. On August 29, 2024, Respondent submitted a pharmaceutical technician (PT) application and failed to disclose her criminal arrest/conviction.

6. The Board conducted a routine criminal background check and discovered that Respondent had a disorderly conduct conviction.

7. Board staff contact Respondent, and she disclosed to the Board on December 20, 2024 that she was arrested for domestic violence that was later amended to disorderly conduct on April 5, 2015 in Wichita, Kansas.

8. The Board issued a Citation-and-Fine Order on May 12, 2025 against Respondent for failure to disclose criminal history on a licensing application. The Board sent the Order to Respondent's last known address. The Citation-and-Fine Order required Respondent to pay an administrative fine of $500.00 or to appeal the Order by submitting a written request for appeal to the Board within 30 days.

9. Respondent failed to pay the administrative fine by the June 11, 2025, deadline.

10. Respondent also failed to submit a request for an appeal of the Order within the statutorily prescribed 30 days. NRS 639.2895(2).

11. Respondent continues to hold a registered pharmaceutical technician trainee license with the Board despite not having completed the requirements prescribed by Nevada law to keep the registration.

12. Respondent has also failed to comply with the Citation-and-Fine Order issued by the Board on June 11, 2025.

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APPLICABLE LAW

13. In Nevada, the Board may discipline the holder of any registration if the holder or applicant has obtained any license by filing an application or other information in support thereof that is false or fraudulent. NRS 639.210(10).

14. The Board may discipline the holder of any registration if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

15. Conduct contrary to the public interest includes, "performing any duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

16. The Board may issue a Citation-and-Fine Order to individuals and/or entities that fail to comply with regulations adopted by the Board. NRS 639.100(1); NRS 639.2895.

17. The Board may impose a fine of up to $10,000 for each violation committed. NRS 639.255(1)(f) and (3).

COUNT ONE

Unprofessional Conduct – Failure to Comply with a Board Citation-and-Fine Order

18. Respondent failed to comply with a Board Citation-and-Fine Order in a timely manner. NRS 639.2895(2). The Citation-and-Fine Order was lawfully issued pursuant to NRS 639.2895 and NRS 639.100(1)(a). Respondent was required to pay the $500.00 fine or submit a written appeal request within 30 days of the issuance of the letter. NRS 639.2895(2). Respondent failed to do either.

19. Because of these actions, Respondent performed her duties as the holder of a registration issued by the Board in an incompetent, unskillful or negligent manner. Respondent performed her duties in an incompetent, unskillful, or negligent manner because she failed to comply with a Board Citation-and-Fine Order. NRS 639.210(4); NAC 639.945(1)(i).

20. Having engaged in unprofessional conduct as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent.

Signed this 5th day of SEPTEMBER 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAMETRIA WILLIAMS, PTT** **Certificate of Registration No. PT29910,** **Respondent.**	**Case No. 25-049-PTT-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, October 15, 2025, at 9:00 AM PST, or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and **L.tucker@pharmacy.nv.gov**

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 5th day of September 2025.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DAMETRIA WILLIAMS, PTT** **Certificate of Registration No. PT29910,** **Respondent.**	**Case No. 25-049-PTT-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____ 2025.

_____

Dametria Williams, PTT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of September 2025, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Dametria Williams, PTT
[redacted]
Las Vegas, NV [redacted]

JESSETTE PHAYNARIKONE
ADMINISTRATIVE ASSISTANT,
BOARD COORDINATOR I

6

6A

Heal Root Digital, Inc

Citation and Fine Appeal Withdrawn

7

7A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located? ☐ Nevada ■ Out-of-State

[a]Is the business also a wholesaler? (NRS 639.016) ☐ Yes ■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☐ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
■ Location Change*	M MP01654	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Total Medical Supply, Inc.

MDEG Physical Address: 5610 Richmond Road

City: Texarkana State: Tx Zip: 75503

Mailing Address (if different from physical address): PO Box 5427

City: Texarkana State: Tx Zip: 75505

Telephone: 877-670-1120 Website: www.tmscares.com

Email: compliance@tmscares.com

Name of MDEG Administrator (NAC 639.694): Julie Franklin

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
■ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	■ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	■ Others: CGMs
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8am - 5pm	■ Tue: 8am - 5pm	■ Wed: 8am - 5pm	■ Thurs: 8am - 5pm	■ Fri: 8am - 5pm
☐ Sat:	☐ Sun:	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare: 5661550001; Texas Medicaid: 184223901; AR Medicaid: 161973716; AK: 1742910; AZ: 97939;
GA: 003287172A; IL: 342060796001; IN: 300043534; IA 509366; KS: 20311200A; KY: 7100700420; LA Medicaid: 256107
MI: 1992736425; MS: 00187237; NE: 10028534700; NM: 14355868; NY: 7173279; OH: 0444309; OK: 200105210B
OR: 500831822; PA - 103848710 0001; TN: Q062163; VA: 300150369000001; WI: 100181069

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: TEXAS

Parent Company (if any):

Corporation/Organization Name: Total Medical Supply, Inc.

Mailing Address: P.O. Box 5427

City: Texarkana State: Tx Zip: 75505

Telephone: 877-670-1120 Email: compliance@tmscares.com

Contact Person Name: Kaylie Owens

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Julie Franklin

Print Name of Authorized Person Submitting Application

Julie Franklin

Original signature of Authorized Person (copies or stamps not accepted)

07/23/25

Date

Board Use Only	Date Received: 7/28/25	Amount: $500.00

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/7/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: VGM Insurance Services, Inc. 1111 Van Miller Way Waterloo IA 50701	CONTACT NAME: Curtis Smith PHONE (A/C, No, Ext): (319) 206-9858 FAX (A/C, No): E-MAIL ADDRESS: Curtis.Smith@vgm.com
INSURED: Total Medical Supply Inc 5610 Richmond Rd Texarkana TX 75503	INSURER A: STATE NATIONAL INSURANCE CO — NAIC # 12831 INSURER B: SECURITY NATIONAL INSURANCE COMF — 19879 INSURER C: STATE NATIONAL INSURANCE CO — 12831 INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			VGM D1024 G4876-12	10/10/2024	10/10/2025	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Professional Liability						MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			SWC1509689	09/3/2024	09/3/2025	PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Cyber Liability			VGM D1024 G4876-12	10/10/2024	10/10/2025	Aggregate	100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Refer to attached ACORD 101 - Additional Remarks Schedule form.

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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TEXAS
Health and Human Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Commissioner

July 11, 2025

Kaylie Owens
Total Medical Supply
kownes@tmscares.com

CFN: 2087069
Lic.: 1002515
Type: 2503
File: 7532

Re: License Verification

Dear Kaylie Owens:

This letter shall serve as a verification of licensure for the following firm:
TOTAL MEDICAL SUPPLY INC
5610 RICHMOND RD
TEXARKANA, TX 75503

License No.	1002515
Type of license:	Device Distributor
Status of license:	Current
Date license issued:	11/27/2024
Date license expires:	12/29/2025
Disciplinary action:	None

The firm is in good standing as of the date of this letter.

If you have questions or need additional information, please contact me at 512-834-4503, via fax at (512) 834-6759, or email me at Justin.Arnold@dshs.texas.gov.

Sincerely,

Justin Arnold, MBA, RS
Medical Research Specialist
Drugs and Medical Devices Unit
Consumer Protection Division

Mailing address:
Justin Arnold
Drugs and Medical Devices Unit, MC 1987
PO Box 149347
Austin, TX 78714-9347

TOTAL MEDICAL SUPPLY

List of Officers, Owners, Board Members and Directors

Donald Reid	Owner, CEO, Director	[redacted]	877-670-1120
Julie Franklin	COO, President and Secretary		877-670-1120
Trevor Danley	CFO		877-670-1120

P.O. Box 5427
Texarkana, TX 75505-5427
(877) 670-1120
www.tmscares.com

- Please contact Drugs and Food Safety Licensing Branch at (512) 834-6727 immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **https://www.dshs.texas.gov/medical-device-manufacturers-distributors.**
- Please submit written notice if you close or sell your business. You can email us at drugs-foodsafety@dshs.texas.gov.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drugs and Food Safety Licensing Branch at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey.** The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

TOTAL MEDICAL SUPPLY INC
PO BOX 5427
TEXARKANA TX 75505-5427

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

TOTAL MEDICAL SUPPLY INC
5610 RICHMOND RD
TEXARKANA, TX 75503

Pursuant to Health and Safety Code, Chapter 431, (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

DEVICE DISTRIBUTOR

License # 1002515
Expires: December 29, 2025

NON-TRANSFERABLE

Commissioner

514737

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

4

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Total Medical Supply, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): MP 01654

Physical Address: 5610 Richmond Road

City: Texarkana State: Tx Zip: 75503

Mailing Address (if different from physical address): PO Box 5427

City: Texarkana State: Tx Zip: 75505

Telephone: 877-670-1120 Website: www.tmscares.com

Licensing Company Email: compliance@tmscares.com

Section 2: Personal Information

First: Donald Middle: Andrew Last: Reid

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: 75503

Telephone: [redacted] Email: operations@tmscares.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Hooks High School		1983-1987	
Address	**City**	**State**	**Zip**
401 E Ave A	Hooks	Tx	75561
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2004-07/25	[redacted]	[redacted]	[redacted]	75503
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Total Medical Supply			2013-Current
Business Address	**City**	**State**	**Zip**
5610 Richmond Road	Texarkana	Tx	75503
Phone	**Title**		
8776701120	Owner/CEO		

Description of Duties

Strategic leadership, operational oversight, and entrepreneurial drive to ensure company's financial health, regulatory compliance, and market position.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	✓	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
01/29/1994	11/12/1996	Texas	Texarkana	Bowie

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
5:96CR00002-002	United State District Court - Eastern District of Texas

Reason/Charge
Possess with Intent to Distribute Cocaine and Money Laundering of Proceeds from Specified Unlawful Activity

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
United State of America	

Name of Business/Industry/Entity

Provide explanation below:

See attached Affidavit and court documents.

Original Signature (electronic, copies or stamps not accepted)

07/23/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Donald Reid

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/23/25

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Bowie

I, Donald Reid, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/23/25

Date

Subscribed and Sworn to before me this 23rd day of July.

Kaylie Owens

Notary Public Signature

KAYLIE OWENS
Notary Public, State of Texas
Comm. Expires 08-29-2027
Notary ID 128374454

(Seal)

AFFIDAVIT OF DONALD A. REID IN SUPPORT OF APPLICATION

STATE OF TEXAS §
§
COUNTY OF BOWIE §

BEFORE ME, the undersigned authority, on this day personally appeared Donald A. Reid, who, being by me duly sworn, deposed as follows:

1. My name is Donald A. Reid. I am over the age of eighteen (18), of sound mind, and capable of making this affidavit. The facts stated herein are based on my personal knowledge and are true and correct.

2. On or about January 29, 1994, I committed certain offenses that subsequently resulted in my plea of guilty and conviction on or about November 12, 1996 in Federal Court (United States District Court – Eastern District of Texas) for:
   - Possession with intent to distribute cocaine, and
   - Money laundering of proceeds from specified unlawful activity.

3. I fully cooperated with investigators throughout the legal process and accepted responsibility for my actions.

4. I served my sentence in accordance with the judgment of the court and successfully completed all conditions of my release, including my probationary period, which concluded in March 2003.

5. Since that time, I have made a complete and sustained transformation in my life. For over 30 years, I have maintained a clean record and have been an active, productive, and upstanding member of my community.

6. I have served in leadership roles in the healthcare sector, and I am currently the Chief Executive Officer and Sole Shareholder of Total Medical Supply, Inc., a provider enrolled in Medicare and Medicaid programs. My involvement has consistently reflected the highest standards of compliance, ethics, and integrity.

7. The attached court documentation (Exhibit 1) provides further detail related to the offenses committed over 31 years ago. These infractions occurred during a prior chapter of my life and do not pose any risk to the Medicare or Medicaid programs or their beneficiaries.

8. My past should not be considered grounds to disallow my ownership or managerial participation in any enrolled provider.

9. Should you have any questions or require further information, please contact our General Counsel, Cole Riddell, at criddell@tmscares.com.

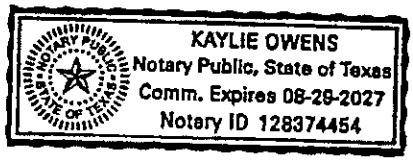
I declare under penalty of perjury that the foregoing is true and correct. Executed on June 12, 2025.

Donald A. Reid

SUBSCRIBED AND SWORN TO BEFORE ME on this 16th day of June, 2025, to certify which witness my hand and official seal.

Kaylie Owens
Notary Public in and for the State of Texas

My Commission Expires: 8/29/2027



(seal)

AO 245B (Rev. 3/95) Sheet 1 - Judgment in a Criminal Case

United States District Court

Eastern District of Texas

UNITED STATES OF AMERICA
V.

DONALD ANDREW REID

JUDGMENT IN A CRIMINAL CASE

(For Offenses Committed On or After November 1, 1987)

Case Number: 5:96CR00002-002

Clifton L. Holmes
Defendant's Attorney

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT OF TEXAS
NOV 12 1996
DAVID J. MALAND, CLERK
BY DEPUTY Rita Robbins

THE DEFENDANT:

☒ pleaded guilty to count(s) 2 & 4 of Indictment

☐ pleaded nolo contendere to count(s) _____ which was accepted by the court.

☐ was found guilty on count(s) _____ after a plea of not guilty.

Title & Section	Nature of Offense	Date Offense Concluded	Count Number(s)
21 U.S.C. § 841 (a)(1)	Possess with Intent to Distribute Cocaine	01/29/1994	2
18 U.S.C. § 1956 (a)(1)(B)(i)	Money Laundering of Proceeds from Specified Unlawful Activity	01/29/1994	4

The defendant is sentenced as provided in pages 2 through 6 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

☐ The defendant has been found not guilty on count(s) _____

☒ Count(s) 1 & 5-14 of Indictment are dismissed on the motion of the United States.

IT IS FURTHER ORDERED that the defendant shall notify the United States Attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid.

Defendant's Soc. Sec. No.: [redacted]
Defendant's Date of Birth: [redacted]
Defendant's USM No.: [redacted]
Defendant's Residence Address:
[redacted]
[redacted] 75561
Defendant's Mailing Address:
[redacted]
[redacted] 75561

10/23/1996
Date of Imposition of Judgment

Signature of Judicial Officer

Joe J. Fisher
United States of America
Name & Title of Judicial Officer

11/1/96
Date

13

DEFENDANT: DONALD ANDREW REID

CASE NUMBER: 5:96CR00002-002

IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of 60 month(s)

Count 2 - 60 Months, Count 4 - 60 Months, to run concurrently

☐ The court makes the following recommendations to the Bureau of Prisons:

☒ The defendant is remanded to the custody of the United States Marshal.

☐ The defendant shall surrender to the United States Marshal for this district:

☐ at _____ a.m./p.m. on _____.

☐ as notified by the United States Marshal.

☒ The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:

☒ before 2 p.m. on 11/22/1996.

☐ as notified by the United States Marshal.

☐ as notified by the Probation or Pretrial Services Office.

RETURN

I have executed this judgment as follows:

_____

_____

_____

Defendant delivered on _____ to _____

at _____, with a certified copy of this judgment.

_____
UNITED STATES MARSHAL

By _____
Deputy U.S. Marshal

DEFENDANT: DONALD ANDREW REID

CASE NUMBER: 1:96CR00002-002

SUPERVISED RELEASE

Upon release from imprisonment, the defendant shall be on supervised release for a term of 3 year(s)

Count 2 - 3 years, Count 4 - 3 years - to run concurrent concurrently

The defendant shall report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

The defendant shall not commit another federal, state, or local crime.

The defendant shall not illegally possess a controlled substance.

For offenses committed on or after September 13, 1994:

The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as directed by the probation officer.

☐ The above drug testing condition is suspended based on the court's determination that the defendant poses a low risk of future substance abuse. (Check, if applicable.)

☒ The defendant shall not possess a firearm as defined in 18 U.S.C. § 921. (Check, if applicable.)

If this judgment imposes a fine or a restitution obligation, it shall be a condition of supervised release that the defendant pay any such fine or restitution that remains unpaid at the commencement of the term of supervised release in accordance with the Schedule of Payments set forth in the Criminal Monetary Penalties sheet of this judgment.

The defendant shall comply with the standard conditions that have been adopted by this court (set forth below). The defendant shall also comply with the additional conditions on the attached page (if indicated below).

See Special Conditions of Supervision - Sheet 3.01

STANDARD CONDITIONS OF SUPERVISION

1) the defendant shall not leave the judicial district without the permission of the court or probation officer;
2) the defendant shall report to the probation officer and shall submit a truthful and complete written report within the first five days of each month;
3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
4) the defendant shall support his or her dependents and meet other family responsibilities;
5) the defendant shall work regularly at a lawful occupation unless excused by the probation officer for schooling, training, or other acceptable reasons;
6) the defendant shall notify the probation officer ten days prior to any change in residence or employment;
7) the defendant shall refrain from excessive use of alcohol;
8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
9) the defendant shall not associate with any persons engaged in criminal activity, and shall not associate with any person convicted of a felony unless granted permission to do so by the probation officer;
10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
12) the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court;
13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics, and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

DEFENDANT: DONALD ANDREW REID
CASE NUMBER: 5:96CR00002-002

SPECIAL CONDITIONS OF SUPERVISION

The defendant shall participate in a program of testing and treatment for drug abuse, as directed by the probation officer, until such time as the defendant is released from the program by the probation officer.

DEFENDANT: DONALD ANDREW REID

CASE NUMBER: 5:96CR00002-002

CRIMINAL MONETARY PENALTIES

The defendant shall pay the following total criminal monetary penalties in accordance with the schedule of payments set forth on Sheet 5, Part B.

	Assessment	Fine	Restitution
Totals:	$ 100.00	$	$

☐ If applicable, restitution amount ordered pursuant to plea agreement ..... $

Count 2 - $50.00, Count 4 - $50.00

FINE

The above fine includes costs of incarceration and/or supervision in the amount of $ 0.00.

The defendant shall pay interest on any fine of more than $2,500, unless the fine is paid in full before the fifteenth day after the date of judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 5, Part B may be subject to penalties for default and delinquency pursuant to 18 U.S.C. § 3612(g).

☐ The court determined that the defendant does not have the ability to pay interest and it is ordered that:

☐ The interest requirement is waived.

☐ The interest requirement is modified as follows:

RESTITUTION

☐ The determination of restitution is deferred in a case brought under Chapters 109A, 110, 110A and 113A of Title 18 for offenses committed on or after 09/13/1994, until _____. An Amended Judgment in a Criminal Case will be entered after such determination.

☐ The defendant shall make restitution to the following payees in the amounts listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportional payment unless specified otherwise in the priority order or percentage payment column below.

Name of Payee	** Total Amount of Loss	Amount of Restitution Ordered	Priority Order or Percentage of Payment
Totals:	$	$	

** Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994.

DEFENDANT: DONALD ANDREW REID

CASE NUMBER: 5:96CR00002-002

SCHEDULE OF PAYMENTS

Payments shall be applied in the following order: (1) assessment; (2) restitution; (3) fine principal; (4) cost of prosecution; (5) interest; (6) penalties.

Payment of the total fine and other criminal monetary penalties shall be due as follows:

A ☒ In full immediately; or

B ☐ $ _____ immediately, balance due (in accordance with C, D, or E); or

C ☐ not later than _____; or

D ☐ In installments to commence _____ day(s) after the date of this judgment. In the event the entire amount of criminal monetary penalties imposed is not paid prior to the commencement of supervision, the U.S. probation officer shall pursue collection of the amount due, and shall request the court to establish a payment schedule if appropriate; or

E ☐ In _____ *(e.g. equal, weekly, monthly, quarterly)* installments of $ _____ over a period of _____ year(s) to commence _____ day(s) after the date of this judgment.

Special instructions regarding the payment of criminal monetary penalties:

All criminal monetary penalty payments are to be made to the United States District Court, 211 West Ferguson, Tyler, TX 75702, except those payments made through the Bureau of Prisons' Inmate Financial Responsibility Program.

☐ The defendant shall pay the cost of prosecution.

☐ The defendant shall forfeit the defendant's interest in the following property to the United States:

DEFENDANT: DONALD ANDREW REID

CASE NUMBER: 5:96CR00002-002

STATEMENT OF REASONS

☒ The court adopts the factual findings and guideline application in the presentence report.

OR

☐ The court adopts the factual findings and guideline application in the presentence report except (see attachment, if necessary):

Guideline Range Determined by the Court:

Total Offense Level: 28

Criminal History Category: I

Imprisonment Range: 78 to 97 months

Supervised Release Range: 3 to 3 years

Fine Range: $ 12,500.00 to $ 1,500,000.00

☒ Fine waived or below the guideline range because of inability to pay.

Total Amount of Restitution: $

☒ Restitution is not ordered because the complication and prolongation of the sentencing process resulting from the fashioning of a restitution order outweighs the need to provide restitution to any victims, pursuant to 18 U.S.C. § 3663(d).

☐ For offenses that require the total amount of loss to be stated, pursuant to Chapters 109A, 110, 110A, and 113A of Title 18, restitution is not ordered because the economic circumstances of the defendant do not allow for the payment of any amount of a restitution order, and do not allow for the payment of any or some portion of a restitution order in the foreseeable future under any reasonable schedule of payments.

☒ Partial restitution is ordered for the following reason(s):

☐ The sentence is within the guideline range, that range does not exceed 24 months, and the court finds no reason to depart from the sentence called for by the application of the guidelines.

OR

☐ The sentence is within the guideline range, that range exceeds 24 months, and the sentence is imposed for the following reason(s):

OR

☒ The sentence departs from the guideline range:

☒ upon motion of the government, as a result of defendant's substantial assistance.

☐ for the following specific reason(s):

RECEIVED
NOV 18 1996
HOLMES LAW OFFICE

5:96-cr-00002

Clifton Lee Holmes, Esq.
Holmes Law Office
P O Drawer 3267
431 N Center St
Longview, TX 75606-3267

rnr

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Total Medical Supply, Inc. MDEG License # (if applicable): MP01654

Physical Address: 5610 Richmond Road

City: Texarkana State: Tx Zip: 75503

Mailing Address (if different from physical address): P.O. Box 5427

City: Texarkana State: Tx Zip: 75505

Telephone: 877-670-1120 Website: www.tmscares.com

Licensing Company Email: compliance@tmscares.com

Section 2: Personal Information

First: Julie Middle: Brianne Last: Franklin

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: 75501

Telephone: [redacted] Email: jfranklin@tmscares.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Texas High School		1991-1995	
Address	**City**	**State**	**Zip**
4001 Summerhill Road	Texarkana	Tx	75503
Diploma/Degree obtained, if any			
Honors			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/06-07/25	[redacted]	[redacted]	[redacted]	75501
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Total Medical Supply, Inc.			10/13 - 07/25	
Business Address		**City**	**State**	**Zip**
5610 Richmond Road		Texarkana	Tx	75503
Phone	**Title**		**Number of Employed Hours**	
8776701120	COO/CCO		22880	
Description of Duties				
Overseeing operational duties of the company as well as compliance issues.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. **Provide all the following *<u>where applicable</u>*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Julie Franklin
Original Signature (electronic, copies or stamps not accepted)

7/23/25
Date

I, Julie Brianne Franklin, **certify that as the MDEG Administrator for**

Total Medical Supply, Inc.,

that I (initial that you have read and meet the following requirements):

1. JF Have a high school diploma or its equivalent;
2. JF Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JF Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JF Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Julie Franklin
Print Name (First, Last)

Julie Franklin
Original Signature (electronic, copies or stamps not accepted)

7/23/25
Date

Board Use Only	Date Received: 7/28/25

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 10/22/2024
Amount: $ 525.00
Permit #: MP01654

Total Medical Supply, Inc.
4310 MCKNIGHT RD
Texarkana TX 75503

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Medical Devices Equipment Gas
Effective Date:11/01/2024
Expires:10/31/2026

Total Medical Supply, Inc.
4310 MCKNIGHT RD
Texarkana TX 75503

Permit #
MP01654
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Medical Devices Equipment Gas

Permit Type: Medical Devices Equipment Gas
Permit #: MP01654
Effective Date: 11/01/2024

Expires: 10/31/2026
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

Total Medical Supply, Inc.
4310 MCKNIGHT RD
Texarkana TX 75503

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

8

8A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR NEVADA WAREHOUSE LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Warehouse ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: WA _____)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6,6a
☒ Non Publicly Traded Corporation – Page 1,2,3,5,5a,5b ☐ Sole Owner – Page 1,2,3,7,7a
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Giving Home Medical Equipment, LLC

Physical Address: 51 N Pecos Rd Ste 106, Las Vegas, NV 89101

Mailing Address: 8601 Cross Park Dr Ste 200

City: Austin State: TX Zip Code: 78754

Telephone: 888-718-7772 Fax: _____

Toll Free Number: 888-718-7772

E-mail: admin@givinghme.com Website: www.givinghomehealthcare.com/giving-hme

Facility Manager: Frankie Stanford

Professional qualifications and experience of facility manager: Experienced health care professional and home health administrator.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Manufacturer ☐ Chain Warehouse ☐ Wholesalers
☒ Other: Intra-Company transfer and storage

Type of Products to be handled or wholesaled be firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☒ Other: Durable Medical Equipment
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR NEVADA WAREHOUSE LICENSE

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) McKesson — 6555 State Highway 161, Irving TX 75039
Name — Address

Business

2) Drive DevilBiss Healthcare — 99 Seaview Boulevard, Port Washington, NY 11050
Name — Address

Business

3) Pride Mobility — 401 York Ave, Duryea, PA 18642
Name — Address

Business

4) React Health — 5475 Rings Rd Ste 550, Dublin, OH 43017
Name — Address

Business

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

APPLICATION FOR NEVADA WAREHOUSE LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized warehouse may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Price Wooding
Print Name of Authorized Person

08/21/2025
Date

Board Use Only	Received: 8/26/25	Amount: 500.00

APPLICATION FOR NEVADA WAREHOUSE LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: New Giving Acquisition, Inc

Corporation Name: Giving Home Medical Equipment, LLC

Mailing Address: 835 W 6th St Ste 1450

City: Austin State: TX Zip: 78703

Telephone: 888-718-7772 Fax:

Contact Person: Price Wooding

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) Lew Little — 835 W 6th St Ste 1450, Austin, TX 78703
Name Address

b) Stefanie Cavanaugh — 835 W 6th St Ste 1450, Austin, TX 78703
Name Address

c) Benjamin Hanson — 835 W 6th St Ste 1450, Austin, TX 78703
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. Applicant is LLC; 1,000 membership units

3) What was the price paid per share? $1.00 per membership unit

4) What date did the corporation actually receive the cash assets? June 20, 2024

5) Provide a copy of the corporation's stock register evidencing the above information

Responsible Party Listing

Executive Officers of Applicant - Giving Home Medical Equipment, LLC

First Name: Lew

Last Name: Little, Jr.

Social Security Number: [redacted]

Title: President and Chief Executive Officer

Mailing Address: 835 W 6th Street, Ste. 1450

City, State, and Zip Code: Austin, TX 78703

Phone Number: [redacted]

Email Address: lewl@givinghhc.com

Ownership: ~3.4% of New Giving Acquisition, Inc. (parent of applicant)

First Name: Stefanie

Last Name: Cavanaugh

Social Security Number: [redacted]

Title: Chief Financial Officer

Mailing Address: 835 W 6th Street, Ste. 1450

City, State, and Zip Code: Austin, TX 78703

Phone Number: [redacted]

Email Address: stefaniec@givinghhc.com

Ownership: ~1.4% of New Giving Acquisition, Inc. (parent of applicant; not fully vested)

First Name: Benjamin

Last Name: Hanson

Social Security Number: [redacted]

Title: Chief Operating Officer

Mailing Address: 835 W 6th Street, Ste. 1450

City, State, and Zip Code: Austin, TX 78703

Phone Number: [redacted]

Email Address: bhanson@givinghhc.com

Ownership: ~3.3% of New Giving Acquisition, Inc. (parent of applicant)

First Name: Price

Last Name: Wooding

Social Security Number: [redacted]

Title: Executive Director

Mailing Address: 8601 Cross Park Drive, Ste. 200

City, State, and Zip Code: Austin, TX 78754

Phone Number: [redacted]

Email Address: price.wooding@givinghme.com

Ownership: None

GIVING
HOME HEALTH CARE

Entity and Governing Body Structure

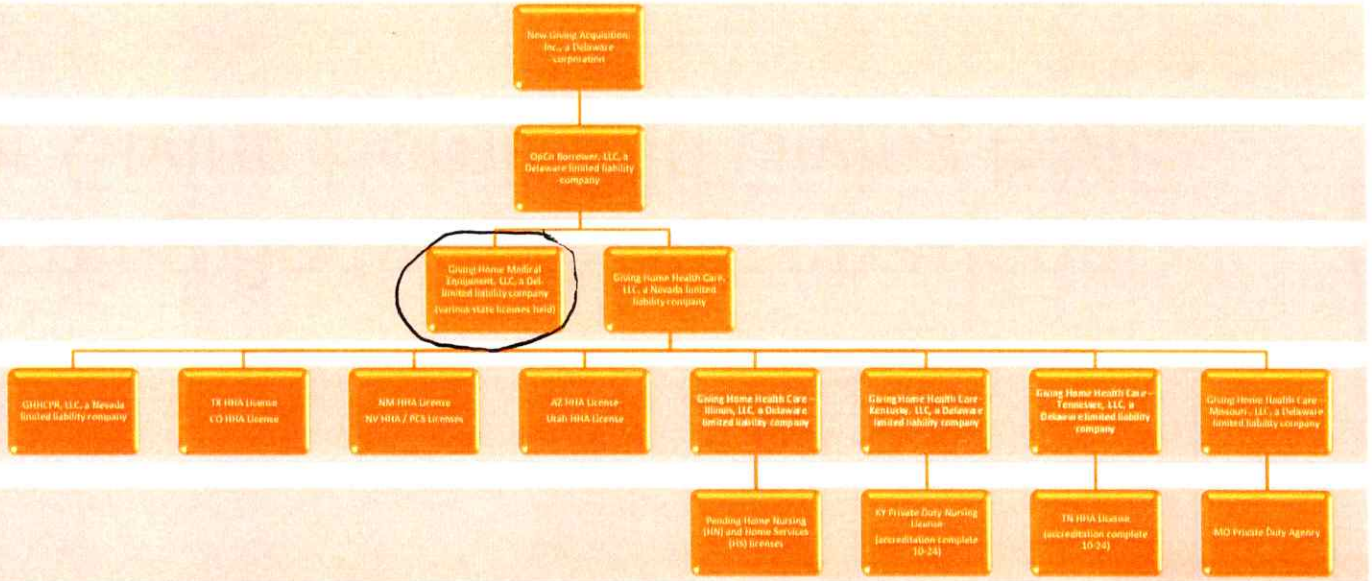
Led by Board of Directors, and includes Audit, Compensation and Compliance Committees

Compliance Committee has been designated as Governing Body by the Board

Executive Compliance Committee reports to Governing Board

Licenses and Licensed Entities

Licenses and Licensed Entities



Giving Home Medical Equipment, LLC (a Delaware limited liability company, registered to do business in Nevada, among other states, with its main warehouse located in Austin, Texas) ("GHME") is the applicant for purposes of the NV State Board of Pharmacy. GHME, like its immediate parent company, OpCo Borrower, LLC (outlined above), are disregarded entities for federal and state tax purposes. OpCo Borrower, LLC is owned 100% by New Giving Acquisition, Inc. ("NAGI") and the executive officers of the applicant, GHME – listed in the materials included herewith – have ownership in NGAI equal to the percentages set forth next to each of their respective names.

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GIVING HOME MEDICAL EQUIPMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF AUGUST, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GIVING HOME MEDICAL EQUIPMENT, LLC" WAS FORMED ON THE TWENTIETH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. J. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204500538

Date: 08-18-25

4001655 8300

SR# 20253701234

You may verify this certificate online at corp.delaware.gov/authver.shtml

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Giving Home Medical Equipment, LLC** as a FOREIGN LIMITED-LIABILITY COMPANY duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 07/02/2024, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 08/18/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202508186006948
You may verify this certificate online at https://www.nvsilverflume.gov/home

8B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR NEVADA WAREHOUSE LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New Warehouse ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: WA _____)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6,6a
☑ Non Publicly Traded Corporation – Page 1,2,3,5,5a,5b ☐ Sole Owner – Page 1,2,3,7,7a
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Novum Pharmaceutical Research Services of Nevada, Inc.

Physical Address: 3760 Pecos McLeod Interchange

Mailing Address: 3760 Pecos McLeod Interchange

City: Las Vegas State: NV Zip Code: 89121

Telephone: (702) 435-3739 Fax: (702) 435-5279

Toll Free Number: (866) 668-8659

E-mail: drbell-pruitt@novumprs.com Website: www.novumprs.com

Facility Manager: Saju Joseph, MD FACS

Professional qualifications and experience of facility manager: Licensed Medical Doctor (NV # 17412), See attached CV

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☑ Manufacturer ☐ Chain Warehouse ☐ Wholesalers
☑ Other: Clinical research Sponsors- depot for Investigational pharmaceutical products for further distribution to clinical sites use in clinical trials

Type of Products to be handled or wholesaled be firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☑ Other: Investigational pharmaceutical products
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR NEVADA WAREHOUSE LICENSE

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) N/A - This is a new warehouse license. There is no previous association with suppliers in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.
Name Address Business

2) Name Address Business

3) Name Address Business

4) Name Address Business

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

APPLICATION FOR NEVADA WAREHOUSE LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized warehouse may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

D Bell-Pruitt

Original Signature of Person Authorized to Submit Application, no copies or stamps

David Bell-Pruitt

Print Name of Authorized Person

03 Sep 2025

Date

Board Use Only	Received: 9/9/25	Amount: $500 ck 6863205139

APPLICATION FOR NEVADA WAREHOUSE LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: N/A

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. _____ %: _____

2. _____ %: _____

3. _____ %: _____

4. _____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

*Date of Incorporation: _____

*Registration number issued: _____

*Stock Exchange: _____

Include with the application for a publicly traded corporation

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

APPLICATION FOR NEVADA WAREHOUSE LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: NEVADA

Parent Company if any: Novum Pharmaceutical Research Services of Delaware Inc

Corporation Name: Novum Pharmaceutical Research Services of Nevada Inc

Mailing Address: 3760 Pecos McLeod

City: Las Vegas State: NV Zip: 89121

Telephone: 702-435-.3902 Fax: _____

Contact Person: Vrajesh Mehta

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) N/A - shares not issued to any individual person
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses.*

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

Application for Nevada Warehouse License

Include with the application for a non-publicly traded corporation

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

APPLICATION FOR NEVADA WAREHOUSE LICENSE

OWNERSHIP IS A PARTNERSHIP. -N/A

List names of 4 largest partners and percentage of ownership:

Name:_____%:_____

Name:_____%:_____

Name:_____%:_____

Name:_____%: _____

Partnership Name: _____

Mailing Address: _____

City:_____State:_____Zip:_____

Telephone:_____Fax:_____

Contact Person: _____

Include with the application for a partnership

Complete personal history record for each stockholder. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamp.

APPLICATION FOR NEVADA WAREHOUSE LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: N/A

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Include with the application for a sole owner

Complete personal history record. Must be original signature(s), no copies or stamps. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

FRANCISCO V. AGUILAR
Secretary of State

DEPUTY BAKKEDAHL
Deputy Secretary for
Commercial Recordings

STATE OF NEVADA

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings & Notary Division
401 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7141

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Vrajesh Mehta
3760 Pecos McLeod
Las Vegas, NV 89121, USA

Work Order #: W2025010900246
January 9, 2025
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 792000

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Annual List 12/2024	Fees	20254586071	1/9/2025 8:02:04 AM	Approved	1	$150.00	$150.00
Annual List 12/2024	Business License Fee	20254586071	1/9/2025 8:02:04 AM	Approved	1	$500.00	$500.00
Annual List 12/2024	Business License Late Fee	20254586071	1/9/2025 8:02:04 AM	Approved	1	$100.00	$100.00
Annual List 12/2024	Annual List Late Fee	20254586071	1/9/2025 8:02:04 AM	Approved	1	$75.00	$75.00
Total							$825.00

Payments

[redacted]

Credit Balance: $0.00

Vrajesh Mehta
3760 Pecos McLeod
Las Vegas, NV 89121, USA

FRANCISCO V. AGUILAR
Secretary of State

DEPUTY BAKKEDAHL
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
401 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7141

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

01/09/2025

Work Order Item Number:	W2025010900246 - 4170023
Filing Number:	20254586071
Filing Type:	Annual List
Filing Date/Time:	01/09/2025 08:02:04 AM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: C29684-2003

Entity Name: NOVUM PHARMACEUTICAL RESEARCH SERVICES OF NEVADA, INC.

Entity Status: Active

Expiration Date: None

Commercial Registered Agent
INCORP SERVICES, INC.*
9107 West Russell Road Suite 100, Las Vegas, NV 89148, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

FRANCISCO V. AGUILAR
Secretary of State

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application

☑ ANNUAL ☐ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

NOVUM PHARMACEUTICAL RESEARCH SERVICES OF NEVADA, INC.	NV20031530204
NAME OF ENTITY	Entity or Nevada Business Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

☑ Corporation
- ☐ This corporation is publicly traded, the Central Index Key number is: [ ]

☐ Nonprofit Corporation (see nonprofit sections below)

☐ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership

☐ Business Trust

☐ Corporation Sole

Filed in the Office of	Business Number
FVAguilar	C29684-2003
Secretary of State	Filing Number
State Of Nevada	20254586071
	Filed On
	01/09/2025 08:02:04 AM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number [ ]

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A.210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE Director:

Name	Country
Bindi B Chudgar	IND

Address	City	State	Zip/Postal Code
[redacted]	[redacted]	[redacted]	38248-1

CORPORATION, INDICATE THE Secretary:

Name	Country
Vrajesh P Mehta -	USA

Address	City	State	Zip/Postal Code
3760 Pecos McLeod	Las Vegas	NV	89121

CORPORATION, INDICATE THE Director:

Name	Country
Dr Imran Ahmad	USA

Address	City	State	Zip/Postal Code
3760 Pecos McLeod	Las Vegas	NV	89121

CORPORATION, INDICATE THE Treasurer:

Name	Country
Vrajesh Metha	USA

Address	City	State	Zip/Postal Code
3760 Pecos McLeod	Las Vegas	NV	89121

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Vrajesh Mehta
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Secretary
Title

01/09/2025
Date

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

NOVUM PHARMACEUTICAL RESEARCH SERVICES OF NEVADA, INC.

Nevada Business Identification # NV20031530204
Expiration Date: 12/31/2025

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/09/2025.

Certificate Number: B202501095337711
You may verify this certificate online at https://www.nvsilverflume.gov/home

FRANCISCO V. AGUILAR
Secretary of State

Novum
PHARMACEUTICAL RESEARCH SERVICES

CURRICULUM VITAE

Saju Joseph, MD FACS
Investigator
Novum Pharmaceutical Research Services

EDUCATION/TRAINING:

Tufts University School of Medicine — 06/2002
Boston, MA
MD

University of California, Irvine — 03/1997
Irving, California
BS in Molecular Biology

WORK EXPERIENCE:

Novum Pharmaceutical Research Services — 05/05/2025-present
Investigator

Summit Specialty Physicians — 09/2021-present
CEO/Founder
Professor and Vice Chair of Surgery Touro University Nevada College of Osteopathic Medicine
Professor and Chair of Surgery American University School of Medicine Aruba

Valley Health Systems — 05/2017-07/2021
Founding Program Director in Surgery
Professor and Vice Chair of Surgery Touro University College of Osteopathic Medicine

Texas Tech University Health Sciences Center — 01/2015-05/2017
Vice Chair of Surgery/Associate Program Director/Associate Professor

Texas Tech University Health Sciences — 10/2013-01/2015
Associate Professor/Interim Chair of Surgery

Locum Tenens — 05/2012-10/2013
Medical Doctor

Saju Joseph Medical Consulting — 02/2011-present
Founder and CEO

New York Medical College — 03/2010-07/2011
Assistant Professor of Surgery

SJ — 5/5/25
Initials — Date

CURRICULUM VITAE
Saju Joseph, MD FACS
Investigator
Novum Pharmaceutical Research Services

WORK EXPERIENCE:

Louisiana State University Health Science Center Assistant Professor of Surgery Tenure Track	08/2008-03/2010
Cardiology Research Lab Researcher	02/1999-06/2002
Center for Viral Vector Design	03/1994-06/1998

SJ
Initials

5/5/25
Date

INCORPORATED UNDER THE LAWS OF THE STATE OF NEVADA

[redacted]

TOTAL AUTHORIZED ISSUE
75,000 SHARES PAR VALUE $1.00 EACH
COMMON STOCK

See Reverse for Certain Definitions

This is to Certify that Novum Pharmaceutical Research Services of Delaware, Inc **is the owner of**

One Hundred (100) and ----------xx/100 *fully paid and non-assessable shares of the above Corporation transferable only on the books of the Corporation by the holder hereof in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed.*

Witness, *the seal of the Corporation and the signatures of its duly authorized officers.*

Dated December 2, 2003

David H. Kropp SECRETARY

[redacted]

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Novum

September 10, 2025

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206
Reno, NV 89521

RE: Warehouse License for Novum Pharmaceutical Research Services

To Whom It May Concern:

Novum Pharmaceutical Research Services (Novum PRS) is a Contract Research Organization (CRO) that has been in business since 1972. The company currently operates in the United States and Canada. The US facility is in Las Vegas, NV and is an Early Phase clinical research site which began operations in 2004. The site conducts clinical research studies on human subjects (mostly healthy volunteers) to determine bioavailability and/or bioequivalence for various pharmaceutical products. The site also conducts safety and tolerability studies on new chemical entities and/or drug formulations.

The site is equipped with housing units and secured pharmacy areas used for dispensing (for dose administration to study subjects) and storage of Investigational Products (IP). Currently, all IP received and stored at the facility are for use on the studies conducted at that location.

Novum would like to expand its services to include receiving, storing, and distributing IP to Investigator sites across the US for use in Late Phase (Phase II/III) clinical endpoint trials. Under this model, Novum will contract with study Sponsors as a drug depot (warehouse) whereby the study IP is shipped to Novum's Las Vegas facility for storage and distribution to participating Investigator sites.

- Only pharmaceutical products for use in a clinical trial will be stored at the Novum facility.
- No products for sale will be stored or distributed.
- All IP will come to Novum already labeled as required for use in a clinical investigation. Novum would not perform any labeling activities.
- The drug depot IP will have its own storage area separate from the IP used in the clinical studies conducted at Novum's Las Vegas clinical site.

Should there be any questions, please reach out via email at drbell-pruitt@novumprs.com or via phone at [redacted]

Best regards,

David Bell-Pruitt
Vice President, Clinical Program Management
Novum Pharmaceutical Research Services

9

9A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada	☐ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☐ Out-of-Nevada	☒ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH 02055		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: EVERGREENS DRUGS

Physical Address: 10001 S EASTERN AVE, SUITE 105

City: HENDERSON State: NV Zip: 89052

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 702-269-1354 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-269-1364 Contact Email: EVERGREENPHARMCY99@GMAIL.COM

Website: N/A

Nevada Business License # (if applicable) E50005072025-7

Supervising/Managing Pharmacist Name (NRS 639.220): SEAN TRAN

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 14352

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: TRAN,SEAN	NV Pharmacist Registration #: 14352
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NEVADA

Parent Company (if any): N/A

Corporation/Organization Name: AKSHAR HEALTHCARE INC.

Mailing Address: 732 S 6TH ST STE R

City: LAS VEGAS State: NEVADA Zip: 89101

Telephone: 702-269-1354 Email: 702-269-1364

Contact Person Name: UTTAM BELADIYA --- [redacted]

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the MANAGER (title) for EVERGREENS DRUGS (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

UTTAM BELADIYA

Print Name of Authorized Person

Uttam

Original signature of Authorized Person (copies or stamps not accepted)

7/30/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, UTTAM BELADIYA hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the MANAGER (title) for EVERGREENS DRUGS (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Uttam

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29th day of July, 2025

S.A Seth-Smith

Notary Public

S.A. SETH-SMITH
COMM # 2443014
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Comm Expires APRIL 1, 2027

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: SEAN TRAN Pharmacist Registration #: 14352

Pharmacy Name: Evergreens Drugs.

Initial each statement below to indicate you have read and agree with the following:

ST I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

ST I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

ST I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

ST I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

ST I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? NV	✓	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
Fine	NV	5-13-2010	09-029-RPH-S

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

7-29-25
Date

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

v.

SEAN H. TRAN, R.Ph.,
Certificate of Registration No: 14352, Case No. 09-029-RPH-S

EVERGREENS DRUG,
Certificate of Registration No: PH02055, Case No. 09-029-PH-S

QUAN HADUONG, M.D.,
Controlled Substance Registration No: CS08110, Case No. 09-029-CS-S

Respondents.

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on April 14, 2010 in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. Respondent Tran was present and represented himself and Evergreens Drug. Quan Haduong, M.D. was present and was represented by John H. Cotton of John H. Cotton & Associates, LTD. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Tran's pharmacist license (#14353) shall be on probation for a period of three years commencing the effective date of this Order according to the following terms and conditions:

a. Mr. Tran shall pay a total fine of $1,000 combined for his violations of the First, Second, Third and Fourth Causes of Action. A fine of $1,000 for his violations of the Fifth Cause of Action. A fine of $1,000 for his violations of the Sixth Cause of Action. Mr. Tran shall pay a total fine of $3,000 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days after the effective date of this order.

b. Evergreens Drug shall pay a fine of $1,000 for the violations of the Eighth Cause of Action. Evergreens shall pay a total fine of $1,000 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days after the effective date of this order.

c. Mr. Tran shall successfully pass the MPJE within 90 days of the effective date of this order. If Mr. Tran fails he shall be brought before the Board at its next available Board meeting.

d. Mr. Tran shall pay the Board's costs and attorney's fee of $4,800.37 and the Board's administrative fee of $295.00, for a total of $5,095.37 by cashier's or certified check or money order made payable to "Nevada State Board of Pharmacy" to be received by the Board's Reno office within 60 days of the effective date of this Order.

2. Dr. Haduong shall pay no fine for his combined violations of the Tenth, Twelve and Thirteenth Causes of Action. Dr. Haduong shall pay a fine of $1,000 for his violations of the Ninth Cause of Action, and a fine of $1,000 for his violations of the Eleventh Cause of Action. Dr. Haduong shall pay a total fine of $2,000 by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 60 days after the effective date of this order.

3. The failure by Mr. Tran, Evergreens Drug or Dr. Haduong to comply with any term in this order shall result in the immediate suspension of his license or registration and will also result in further discipline, up to and including revocation of his license or registration.

Signed this 13th day of May, 2010

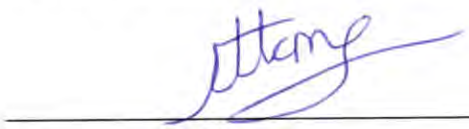
Donald W. Fey

Donald W. Fey, President
Nevada State Board of Pharmacy

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

UTTAM BELADIYA

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

07/30/2025

Date

Board Use Only	Date Received: 8/5/25	Amount: $500 ck 6401401864

List of Officers and Directors

(As required by NRS 639.231(2)(b), NAC 639.214(5)(a))

AKSHAR HEALTHCARE INC.

1. **Name:** UTTAM BELADIYA
   Title: CHIEF EXECUTIVE OFFICER
   [redacted]
   % Ownership: 20%

2. **Name:** PARESH PATEL
   Title: CHIEF FINANCIAL OFFICER
   [redacted]
   % Ownership: 40%

3. **Name:** KISHAN DHOLIYA
   Title: CORPORATE SECRETARY
   [redacted]
   % Ownership: 30%

4. **Name:** CHINTAN KOTADIYA
   [redacted]
   % Ownership: 10%

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **AKSHAR HEALTHCARE Inc.** as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 06/30/2025, and in good standing in this State.

I further certify that the above DOMESTIC CORPORATION (78) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 07/10/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202507105887041
You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler EVERGREENS DRUGS

Pharmacy/Wholesaler License # (if applicable) PH02055

Physical Address 10001 S EASTERN AVE. SUITE 105

City HENDERSON State NV Zip 89052

Mailing Address (if different from physical address) N/A

City N/A State N/A Zip N/A

Telephone 702-269-1354 Website N/A

Licensing Company Email EVERGREENPHARMCY99@GMAIL.COM

Section 2: Personal Information

First UTTAM Middle _____ Last BELADIYA

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephon[redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS			From - To (MM/YY – MM/YY): 2022-2025
Address: 1000 E VICTORIA ST	City: CARSON	State: CA	Zip: 90747
Diploma/Degree obtained, if any: BACHELOR IN BUSINESS ADMINISTRATION			
School Name: JB AND KARP VIDYA SANKUL			From - To (MM/YY – MM/YY): 2018-2020
Address: THAKOR DWAR FARM, SURAT - KAMREJ HWY, OPP. DIAMOI	City: SURAT, GUJARAT	State: INDIA	Zip: 395006
Diploma/Degree obtained, if any: HIGH SCHOOL			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY): 01/2023-TILL	[redacted]			
From - To (MM/YY – MM/YY): 08/2022-12/2022				
From - To (MM/YY – MM/YY): 05/2015-08/2022				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: BRIGHT CARE PHARMACY			From - To (MM/YY – MM/YY): 02/2025-TILL	
Business Address: 140 N ORANGE AVE SUITE 103	City: WEST COVINA		State: CA	Zip: 90815
Phone: 626-251-1630	Title: CLARK		Number of Employed Hours: 1,732	
Description of Duties: As a Pharmacy Clerk, I assisted with prescription processing, managed inventory, maintained accurate records, and ensured regulatory compliance. I supported pharmacists in preparing prescriptions and handling clerical tasks, gaining valuable experience in dispensing, distribution, and record-keeping				
Business Name: South Gate Pharmacy			From - To (MM/YY – MM/YY): 01/2023-01/2025	
Business Address: 8200 Long Beach Blvd D-2	City: South Gate		State: CA	Zip: 90280
Phone: 323-537-2837	Title: CLARK		Number of Employed Hours: 4,368	
Description of Duties: As a Pharmacy Clerk, I assisted with prescription processing, managed inventory, maintained accurate records, and ensured regulatory compliance. I supported pharmacists in preparing prescriptions and handling clerical tasks, gaining valuable experience in dispensing, distribution, and record-keeping				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, UTTAM BELADIYA, **certify that as the designated representative for**

EVERGREENS DRUGS,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. UB I am at least 21 years of age;
3. UB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. UB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. UB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. UB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. UB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

UTTAM BELADIYA

Print Name (First, Last)

Uttam

Original Signature (electronic, copies or stamps not accepted)

09/09/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

UTTAM BELADIYA

Print Name (First, Last)

Uttam

Original Signature (electronic, copies or stamps not accepted)

09/09/2025

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Uttam Beladiya, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Uttam

Original Signature

09/09/2025

Date

Subscribed and Sworn to before me this 9th day of September, 2025

S A Seth-Smith

Notary Public Signature

S.A. SETH-SMITH
COMM # 2443014
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Comm Expires APRIL 1 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site EVERGREENS DRUGS

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 10001 S EASTERN AVE, SUITE 105

City HENDERSON State NV Zip 89052

Mailing Address (if different from physical address) N/A

City N/A State N/A Zip N/A

Telephone 702-269-1354 Website N/A

Licensing Company Email EVERGREENPHARMCY99@GMAIL.COM

Section 2: Personal Information

First UTTAM Middle _____ Last BELADIYA

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS		2022-2025	
Address	**City**	**State**	**Zip**
1000 E VICTORIA ST	CARSON	CA	90747
Diploma/Degree obtained, if any			
BACHELOR IN BUSINESS ADMINISTRATION			

School Name		From - To (MM/YY – MM/YY)	
JB AND KARP VIDYA SANKUL		2018-2020	
Address	**City**	**State**	**Zip**
THAKOR DWAR FARM, SURAT - KAMREJ HWY, OPP. DIAMOND NAGAR	SURAT	GUJ. INDIA	395006
Diploma/Degree obtained, if any			
HIGH SCHOOL			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2023-TILL	[redacted]			
08/2022-12/2022				
05/2015-08/2022				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
BRIGHT CARE PHARMACY			02/2025-TILL	
Business Address		**City**	**State**	**Zip**
140 N ORANGE AVE SUITE 103		WEST COVINA	CA	90815
Phone	**Title**			
626-251-1630	CLARK			

Description of Duties

As a clerk in a retail pharmacy, I assist customers with purchases, handle billing, and keep the front area organized. I also help manage inventory and support the pharmacy team with daily operations.

Business Name			From - To (MM/YY – MM/YY)	
SHIVAM BAKERY				
Business Address		**City**	**State**	**Zip**
SHOP 8 PANCHVATI RAW HOUSE, OPP MAHAVIR SOC		SURAT	GUJ, INDIA	395006
Phone	**Title**			
+91 800-044-0482	ACCOUNTING AND SALES TRAINING			

Description of Duties

At Shivam Bakery, I handle accounting tasks such as maintaining financial records, tracking expenses, and managing invoices. I am also involved in sales training, helping improve customer service and product knowledge for the team.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

UTTAM BELADIYA

Print Name (First, Last)

Uttam

Original Signature (electronic, copies or stamps not accepted)

07/29/2025

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Uttam Beladiya, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Uttam

Original Signature

07/29/2025

Date

Subscribed and Sworn to before me this 29 day of July, 2025

S.A Seth-Smith

Notary Public Signature

S.A. SETH-SMITH
COMM # 2443014
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Comm Expires APRIL 1 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site EVERGREEN DRUGS

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 100001 S EASTERN AVE, STE 105

City HENDERSON State NV Zip 89052

Mailing Address (if different from physical address) N/A

City N/A State N/A Zip N/A

Telephone 702-269-1354 Website N/A

Licensing Company Email EVERGREENPHARMACY99@GMAIL.COM

Section 2: Personal Information

First PARESH Middle _____ Last PATEL

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☒ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
LOMA LINDA UNIVERSITY		03/2007-06/2011	
Address	**City**	**State**	**Zip**
CIRCLE DR	LOMA LINDA	CA	92350
Diploma/Degree obtained, if any			
MPH			

School Name		From - To (MM/YY – MM/YY)	
GOVERNMENT MEDICAL COLLEGE SURAT		10/2000-03/2006	
Address	**City**	**State**	**Zip**
MAJURA GATE	SURAT	GUJARA	395001
Diploma/Degree obtained, if any			
MBBS			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
04/2025-CURRENT				
From - To (MM/YY – MM/YY)				
04/2013-03/2025				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
COLTON PHARMACY			12/2017-CURRENT
Business Address	**City**	**State**	**Zip**
518 W VALLEY BLVD	COLTON	CA	92324
Phone	**Title**		
909-422-0444	MANAGER		
Description of Duties			
Managing day to day operation, handling payroll, managing smooth operration, creating schedules for staff			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

PARESH PATEL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/29/2025

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of SAN BERNARDINO

I, PARESH PATEL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/29/2025

Date

Subscribed and Sworn to before me this 29th day of July.

JOSE G. PEREZ VAZQUEZ
Notary Public - California
San Bernardino County
Commission # 2441486
My Comm. Expires Apr 13, 2027

Notary Public Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

State of California, County of San Bernardino
Subscribed and sworn to (or affirmed) before me on this 29 day of July 2025 by Paresh Patel proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____ (seal)

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site EVERGREENS DRUGS

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 10001 S EASTERN AVE, SUITE 105

City HENDERSON State NV Zip 89052

Mailing Address (if different from physical address) N/A

City N/A State N/A Zip N/A

Telephone 702-269-1354 Website N/A

Licensing Company Email EVERGREENPHARMCY99@GMAIL.COM

Section 2: Personal Information

First KISHAN Middle _____ Last DHOLIYA

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
SOUTHEAST UNIVERCITY		09/2007 - 06/2013	
Address	**City**	**State**	**Zip**
NANJING	NANJING	JIANGSU	210018
Diploma/Degree obtained, if any			
MBBS			

School Name		From - To (MM/YY – MM/YY)	
PP SAVANI VIDHYABHAVAN		06/1998-06/2007	
Address	**City**	**State**	**Zip**
HIRA BAUGH, VARACHHA ROAD	SURAT	GUJ	395006
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2022- PRESENT	[redacted]			
11/2019-08/2022				
10/2018-11/2019				
02/2016-10/2018				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
RITE CARE PHARMACY		12/2019- PRESENT	
Business Address	**City**	**State**	**Zip**
1433 N HOLLENBECK AVE, STE 103	COVINA	CA	91722
Phone	**Title**		
626-251-1640	PHARMACY MANAGER		
Description of Duties			
OVERSEES DAILY OPERATIONS, ENSURING COMPLIANCE WITH REGULATIONS AND SAFE DISPENSING OF MEDICATIONS. THEY ALSO SUPERVISE STAFF, MANAGE INVENTORY, AND MAINTAIN HIGH STANDARDS OF PATIENT CARE.			

Business Name		From - To (MM/YY – MM/YY)	
BRIGHT CARE PHARMACY		10/2019-12/2019	
Business Address	**City**	**State**	**Zip**
140 N ORANGE AVE SUITE 103	WEST COVINA	CA	91790
Phone	**Title**		
626-251-1630	PHARMACY CLERK		
Description of Duties			
ASSISTS WITH CUSTOMER SERVICE, ANSWERING PHONES, AND PROCESSING PRESCRIPTION ORDERS. THEY ALSO HANDLE CASHIER DUTIES, STOCK SHELVES, AND SUPPORT PHARMACY STAFF WITH NON-MEDICAL TASKS.			

Business Name		From - To (MM/YY – MM/YY)	
A FRIENDLY HOME HEALTH CARE		01/2017-08-2019	
Business Address	**City**	**State**	**Zip**
18383 PRESTON RD	DALLS	TX	75252
Phone	**Title**		
469-666-3070	ORDER MANAGER		
Description of Duties			
RESPONSIBLE FOR PROCESSING, TRACKING, AND FOLLOWING UP ON PHYSICIAN ORDERS TO ENSURE TIMELY AND ACCURATE CARE DELIVERY. THEY ALSO COORDINATE WITH CLINICIANS, VERIFY DOCUMENTATION, AND MAINTAIN COMPLIANCE WITH REGULATORY REQUIREMENTS.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KISHAN DHOLIYA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/29/2025

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Kishan Dholiya, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

07/29/2025

Date

Subscribed and Sworn to before me this 29 day of July, 2025.

S.A. Seth-Smith

Notary Public Signature

S.A. SETH-SMITH
COMM # 2443014
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Comm Expires APRIL 1 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site EVERGREENS DRUGS

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 10001 S EASTERN AVE, SUITE 105

City HENDERSON State NV Zip 89052

Mailing Address (if different from physical address) N/A

City N/A State N/A Zip N/A

Telephone 702-269-1354 Website N/A

Licensing Company Email EVERGREENPHARMCY99@GMAIL.COM

Section 2: Personal Information

First CHINTAN Middle RASIKBHAI Last KOTADIYA

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☑ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
NEW YORK UNIVERSITY		2017-2019	
Address	**City**	**State**	**Zip**
70 Washington Square South	New York	CA	10012
Diploma/Degree obtained, if any			
MASTER'S IN COMPUTER SCIENCE			

School Name		From - To (MM/YY – MM/YY)	
SINHGAD UNIVERSITY			
Address	**City**	**State**	**Zip**
309/310, Kusgaon (Bk.),	Lonavala	MH	410401
Diploma/Degree obtained, if any			
BACHELOR'S IN COMPUTER SCIENCE			

School Name		From - To (MM/YY – MM/YY)	
JAY AMBE VIDHYABHAVAN			
Address	**City**	**State**	**Zip**
206-207 DAHYA PARK SOCIETY	SURAT	GJ	395006
Diploma/Degree obtained, if any			
HIGH SCHOOL			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2021-2025	[redacted]			
2019-2021				
2017-2019				
2015-2017				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
SOUTH GATE PHARMACY INC			2022-PRESENT	
Business Address		**City**	**State**	**Zip**
8200 LONG BEACH BLVD,D-2		SOUTHGATE	CA	90280
Phone	**Title**			
323-537-2837	MANAGER/SHAREHOLDER			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

CHINTAN RASIKBHAI KOTADIYA

Print Name (First, Last)

Chintan

Original Signature (electronic, copies or stamps not accepted)

07/28/2025

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Orange

I, CHINTAN RASIKBHAI KOTADIYA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Chintan

Original Signature

07/29/25

Date

Subscribed and Sworn to before me this 29 day of JULY, 2025.

Notary Public Signature

NRO1 BHARAT DEVANI COMM. #2458732 Notary Public · California Orange County My Comm. Expires Aug. 11, 2027 NRO1

(Seal)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 29 day of JULY, 2025, by Chintan Rasikbhai Kotadiya, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

BHARAT DEVANI
COMM. #2458732
Notary Public - California
Orange County
My Comm. Expires Aug. 11, 2027

(Seal) Signature

9B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada	☐ New Pharmacy	■ Retail/Community	■ Retail/Community
☐ Out-of-Nevada	■ Ownership Change*	☐ Hospital (# beds _____)	■ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: BBP9296749 NewPendinf
	■ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: National Health RX

Physical Address: 5835 S. Eastern Avenue Ste 101

City: Las Vegas State: NV Zip: 89119

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-791-3800 Toll Free # (NAC 639.708, NRS 639.23286): 888-490-5534

Fax: 702-791-3800 Contact Email: info@nationalhealthrx.com

Website: nationalhealthrx.com (pending)

Nevada Business License # (if applicable) NV20253361354

Supervising/Managing Pharmacist Name (NRS 639.220): Jerry Depa

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 12508 Exp 10/31/2025

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Depa, Jerry	NV Pharmacist Registration #: 12508
Name: Barbose, Marc	NV Pharmacist Registration #: 14251
Name: Cybulska, Magdalena	NV Pharmacist Registration #: 22437
Name: Angeles, Tammy	NV Pharmacist Registration #: 19070
Name: Peters, Christopher	NV Pharmacist Registration #: 19870
Name: Ngo, Paulina	NV Pharmacist Registration #: 18970
Name: Li, Kenny	NV Pharmacist Registration #: 16325
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: NA

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): Vitel Path LLC

Corporation/Organization Name: National Health RX LLC

Mailing Address: 5835 S. Eastern Avenue Ste 101

City: Las Vegas State: NV Zip: 89119

Telephone: 702-791-3800 Email: info@partellpharmacy.com

Contact Person Name: Massimo Cavallaro

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: NA

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: NA

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Managing Member (title) for National Health RX (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Massimo Cavallaro

Print Name of Authorized Person

Massimo Cavallaro

Original signature of Authorized Person (copies or stamps not accepted)

8-5-2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Massimo Cavallaro hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Managing Member (title) for National Health RX (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 5TH day of AUGUST, 2025

Notary Public

MARLON RIVERA
Notary Public, State of Nevada
Appointment No. 24-6431-01
My Appt. Expires May 25, 2028

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Jerry Depa Pharmacist Registration #: 12508

Pharmacy Name: National Health RX

Initial each statement below to indicate you have read and agree with the following:

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

8/5/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Massimo Cavallaro

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Massimo Cavallaro

Original signature of Authorized Person (copies or stamps not accepted)

6/2/2025

Date

Board Use Only	Date Received: 6/5/25	Amount: $500 CC

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **National Health Rx LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 05/27/2025, and in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 05/27/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202505275749755
You may verify this certificate online at https://www.nvsilverflume.gov/home

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

National Health Rx LLC

Nevada Business Identification # NV20253361354
Expiration Date: 05/31/2026

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/27/2025.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202505275749720
You may verify this certificate online at https://www.nvsilverflume.gov/home

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Partell Pharmacy

Pharmacy/Wholesaler License # (if applicable) Current PHO2828 Requesting New

Physical Address 5835 S. Eastern Avenue STE 101

City Las Vegas State NV Zip 89119

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 408.805.0300 Website partellpharmacy.com

Licensing Company Email info@partellpharmacy.com

Section 2: Personal Information

First Mitchell Middle Dean Last Whitaker

Alias(es, nicknames, name changes, etc.) [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Prairiland High School		9/98 - 5/02	
Address	**City**	**State**	**Zip**
466 FM 196	Pattonville	TX	75468
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/20 - present	[redacted]			
7/19-9/20				
12/14-7/19				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Partell Pharmacy			12/14 - Present	
Business Address		**City**	**State**	**Zip**
5835 S. Eastern Ave ste 101		Las Vegas	NV	89119
Phone	**Title**		**Number of Employed Hours**	
928-451-6299	Operations Manager		20,800	
Description of Duties				
Manages day to day operation of the pharmacy.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Mitchell Whitaker, **certify that as the designated representative for**

Partell Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MW I am at least 21 years of age;
3. MW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Mitchell Whitaker

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/2/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mitchell Whitaker

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/2/2025

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, MITCHELL WHITAKER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/2/2025

Date

Subscribed and Sworn to before me this 02 day of June, 2025. By: Mitchell Whitaker

Lolita Heer

Notary Public Signature

LOLITA HEER
Notary Public, State of Nevada
Appointment No. 20-9962-01
My Appt. Expires Feb 13, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Partell Pharmacy

Pharmacy/Wholesaler License # (if applicable) current PHO2828 requesting new

Physical Address 5835 S. Eastern Avenue ste 101

City Las Vegas State NV Zip 89119

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 408.805.0300 Website partellpharmacy.com

Licensing Company Email info@partellpharmacy.com

Section 2: Personal Information

First Jerry Middle David Last Depa

Alias(es, nicknames, name changes, etc.)

[redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Lane Technical High School		9/1970 - 6/1974	
Address	**City**	**State**	**Zip**
2501 W Addison St	Chicago	IL	60618
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Wilbur Wright College		8/1974 - 5/1976	
Address	**City**	**State**	**Zip**
4300 N Narragansett Ave	Chicago	IL	60634
Diploma/Degree obtained, if any			
Pre-Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Illinois at Chicago		8/1976 - 5/1977	
Address	**City**	**State**	**Zip**
1200 W Harrison St	Chicago	IL	60607
Diploma/Degree obtained, if any			
Pre-Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Iowa College of Pharmacy		8/1980 - 5/1983	
Address	**City**	**State**	**Zip**
2700 UCC	Iowa City	IA	52242
Diploma/Degree obtained, if any			
BS in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]			
1/2015 - Present				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Partell Pharmacy			10/24 - Present	
Business Address		**City**	**State**	**Zip**
5835 S Eastern Ave Ste 101		Las Vegas	NV	89119
Phone	**Title**		**Number of Employed Hours**	
702-791-3800	Pharmacist		640	
Description of Duties				
Review math for compounding formulas, review prescriptions for accuracy, dosing, and allergies. Patient counseling. Accepting and discussing therapy with practitioners.				

Business Name			From - To (MM/YY – MM/YY)	
Atlas Pharmaceuticals			3/17 - 1/21	
Business Address		**City**	**State**	**Zip**
711 E Carefree Hwy		Phoenix	AZ	85085
Phone	**Title**		**Number of Employed Hours**	
844-661-1829	Pharmacist		7800	
Description of Duties				
Fulfilling office orders for sterile and non-sterile compounds. Work with the chemistry lab to process sterility, stability, and endotoxin testing. Supervise techs in compounding and clean rooms. Review formulations.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Jerry Depa, **certify that as the designated representative for**

Partell Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JD I am at least 21 years of age;
3. JD I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JD I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JD I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JD I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JD I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jerry Depa

Print Name (First, Last)

Jerry Depa

Original Signature (electronic, copies or stamps not accepted)

6/2/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JERRY DEPA
Print Name (First, Last)

Jerry Depa
Original Signature (electronic, copies or stamps not accepted)

6/2/2025
Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, JERRY DEPA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Jerry Depa
Original Signature

6/2/2025
Date

Subscribed and Sworn to before me this 02 day of June, 2025 By: Jerry Depa

Lolita Heer
Notary Public Signature

LOLITA HEER
Notary Public, State of Nevada
Appointment No. 20-9962-01
My Appt. Expires Feb 13, 2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Partell Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) Current: PHO2828 - requesting new

Physical Address 5835 S. Eastern Avenue Ste 101

City Las Vegas State NV Zip 89119

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-791-3800 Website partellpharmacy.com

Licensing Company Email info@partellpharmacy.com

Section 2: Personal Information

First Massimo Middle Luigi Last Cavallaro

Alias(es, nicknames, name changes, etc.) [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UA Local 393		1987-1991	
Address	City	State	Zip
6299 San Ignacio Avenue	San Jose	CA	95119
Diploma/Degree obtained, if any			
Journeyman HVAC Supervisor			

School Name		From - To (MM/YY – MM/YY)	
Menlo Atherton		1971 - 1975	
Address	City	State	Zip
555 Middlefield Road	Atherton	CA	94027
Diploma/Degree obtained, if any			
High School Dipolma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/21 -current	[redacted]			
02/18-12/21				
01/71-02/18				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Cavallaro Investments			9/1/2021 - present	
Business Address		**City**	**State**	**Zip**
1309 Coffeen Avenue Ste 1200		Sheridan	WY	82801
Phone	**Title**			
408-805-0300	Managing Partner			
Description of Duties				
Operational management of family Investments.				

Business Name			From - To (MM/YY – MM/YY)	
Envia Systems			1/2010 - 2/2022	
Business Address		**City**	**State**	**Zip**
7979 Gateway Blvd. Ste 101		Newark	CA	94560
Phone	**Title**			
866-258-3217	Director of Operations			
Description of Duties				
Fully responsible for all aspects of new construction, renovations, modernization, maintenance, and oversight of R&D laboratories, office space, support infrastructure, and grounds.				

Business Name			From - To (MM/YY – MM/YY)	
Professional RX Pharmacy			4/17-6/19	
Business Address		**City**	**State**	**Zip**
2650 Sunset Road Ste 120		Las Vegas	NV	89120
Phone	**Title**			
NA	President/Owner			
Description of Duties				
Owned and operated retail pharmacy sold to Walgreens in 2019.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Massimo L. Cavallaro

Print Name (First, Last)

Massimo Cavallaro

Original Signature (electronic, copies or stamps not accepted)

6/2/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Manatee

I, Massimo Cavallaro, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Massimo Cavallaro

Original Signature

6/2/2025

Date

Subscribed and Sworn to before me this 2nd day of June 2025.

Notary Public Signature

CHRISTOPHER DAME
Notary Public-State of Florida
Commission # HH 508457
My Commission Expires
March 26, 2028

(Seal)

10

10A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FH4266638
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	■ Non-sterile Compounding
			☐ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH_____		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Hephaestus Pharmaceuticals LLC

Physical Address: 10913 NW 30th Street Suite 102

City: Miami State: FL Zip: 33172

Mailing Address (if different from physical address): 1111B S Governors Ave STE 25428

City: Dover State: DE Zip: 19904

Telephone: 888-648-1134 Toll Free # (NAC 639.708, NRS 639.23286): 888-648-1134

Fax: 786-373-1531 Contact Email: info@hephaestuspharmacy.com

Website: www.hephaestuspharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Ngon-Vincent Van

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 22468

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Ngon-Vincent Van	NV Pharmacist Registration #: 22468
Name: Richard Lavosky	NV Pharmacist Registration #: 23404
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: Adonis Health Inc.

Mailing Address: 1111B S Governors Ave STE 25428

City: Dover State: DE Zip: 19904

Telephone: 888-648-1134 Email: compliance@hephaestuspharmacy.com

Contact Person Name: Ngon-Vincent Van

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President & CEO (title) for Hephaestus Pharmaceuticals LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Nathaniel Armer

Print Name of Authorized Person

N. Armer

Original signature of Authorized Person (copies or stamps not accepted)

6/17/25

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Nathaniel Armer hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President & CEO (title) for Hephaestus Pharmaceuticals LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20 day of June, 20 25

Notary Public

CARLOS M. GOMEZ
MY COMMISSION #HH504826
EXPIRES: APR 19, 2028
Bonded through 1st State Insurance

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nathaniel Armer

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

N. Armer

Original signature of Authorized Person (copies or stamps not accepted)

6/17/25

Date

Board Use Only	Date Received: 7/22/25	Amount: $500-cc

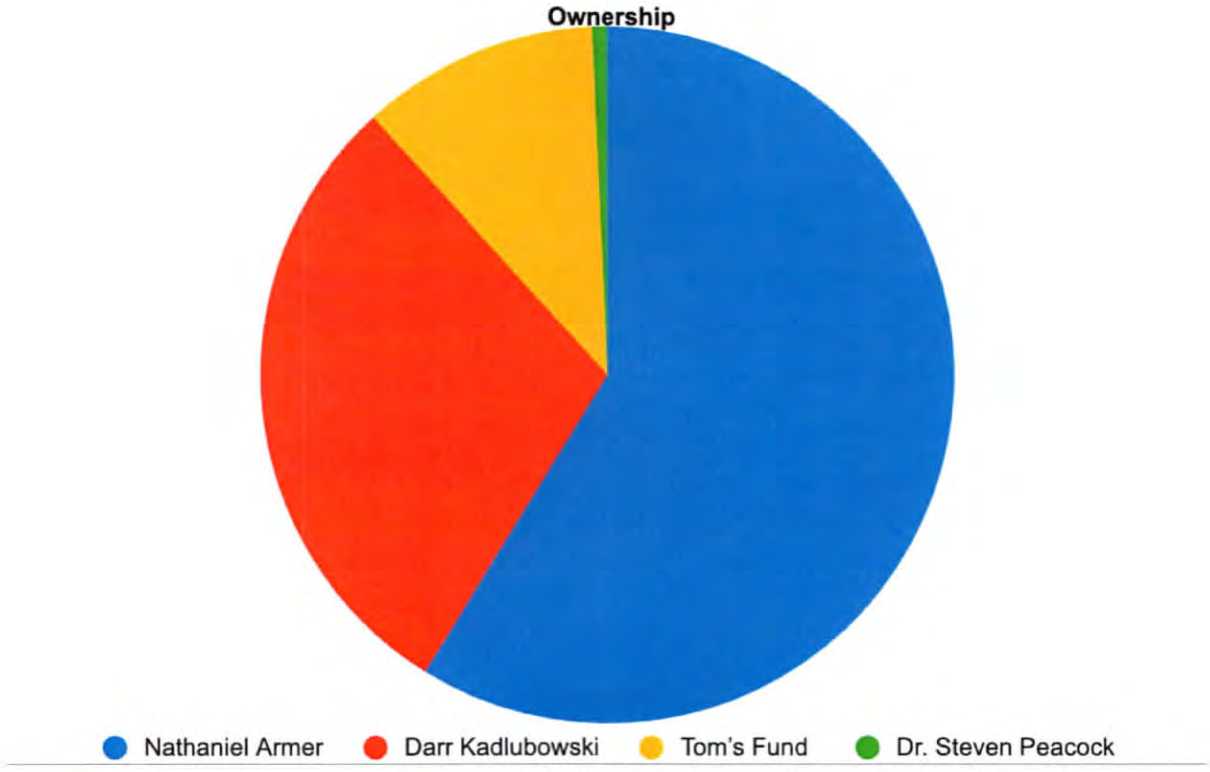
Adonis Health, Inc DBA HenryMeds.- 100% owns Hephaestus Pharmaceuticals LLC Ownership

Nathaniel Armer 58.816%

Darr Kadlubowski 29.408%

Tom's Fund – 11.071%

Dr. Steven Peacock 0.706%



The person(s) invested in the 11.071% of Tom's Fund does not hold a share larger than 5%.

Adonis Health Inc.

Director: Darr Kadlubowski

Title: Shareholder

[redacted]

[redacted]

Director: Nathaniel Armer

Title: President & CEO

[redacted]

Adonis Health, Inc DBA HenryMeds.- 100% owns Hephaestus Pharmaceuticals LLC Ownership

- **Nathaniel Armer 58.816%**
- **Darr Kadlubowski 29.408%**
- **Tom's Fund – 11.071%**
- **Dr. Steven Peacock 0.706%**

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEPHAESTUS PHARMACEUTICALS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEPHAESTUS PHARMACEUTICALS LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. J. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203361591

Date: 04-04-25

7652460 8300

SR# 20251404576

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Hephaestus Pharmaceuticals LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 10913 NW 30th Street, Suite 102

City: MIAMI State: FL Zip: 33172

Mailing Address (if different from physical address): 1111B S. Governors Ave, STE 25428

City: Dover State: DE Zip: 19904

Telephone: 909 787 2342 Website: www.hephaestuspharmacy.com

Licensing Company Email: info@hephaestuspharmacy.com

Section 2: Personal Information

First: Ngon-Vincent Middle: Last: Van

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Nova Southeastern University		08/14-05/18	
Address	**City**	**State**	**Zip**
3300 S University Drive	Fort Lauderdale	FL	33328
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Florida State University		08/09-12/12	
Address	**City**	**State**	**Zip**
222 S Copeland Street	Tallahassee	FL	32306
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Colonial High School		08/05-05/09	
Address	**City**	**State**	**Zip**
6100 Oleander Drive	Orlando	FL	32807
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/23-Current	[redacted]			
06/14-03/23				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
HEPHAESTUS PHARMACEUTICALS LLC			12/23-CURRENT	
Business Address		**City**	**State**	**Zip**
10913 NW 30TH STREET, SUITE 102		MIAMI	FL	33172
Phone	**Title**		**Number of Employed Hours**	
888 648 1134	PHARMACIST IN CHARGE		2560	
Description of Duties				
Oversee facility and operations				

Business Name			From - To (MM/YY – MM/YY)	
CRE8 Pharmacy Group			08/21-12/23	
Business Address		**City**	**State**	**Zip**
3700 NW 126th Ave		Coral Springs	FL	33065
Phone	**Title**		**Number of Employed Hours**	
888 224 5181	Compliance Pharmacist		4616	
Description of Duties				
Oversee compliance program and quality assurance program				

Business Name			From - To (MM/YY – MM/YY)	
Sincerus Pharmaceuticals			05/19-08/21	
Business Address		**City**	**State**	**Zip**
3265 W McNab Road		Pompano Beach	FL	33069
Phone	**Title**		**Number of Employed Hours**	
800 604 5032	Staff Pharmacist		4400	
Description of Duties				
Manage pharmacy operations, supervise technicians, and maintain accurate records.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				
N/A				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Ngon-Vincent Van **, certify that as the designated representative for**

Hephaestus Pharmaceuticals LLC ,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. VV I am at least 21 years of age;
3. VV I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. VV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. VV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. VV I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. VV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ngon-Vincent Van

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/18/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ngon-Vincent Van

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/18/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami Dade

I, Ngon-vincent Van, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/18/25

Date

Subscribed and Sworn to before me this 18 day of April 2025.

Notary Public Signature

CARLOS M. GOMEZ
MY COMMISSION #HH504826
EXPIRES: APR 19, 2028
Bonded through 1st State Insurance

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Hephaestus Pharmaceuticals LLC.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH35084

Physical Address 10913 NW 30th Street, Unit 102

City Doral, State FL Zip 33172

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888 648 1134 Website www.hephaestuspharmacy.com

Licensing Company Email compliance@hephaestuspharmacy.com

Section 2: Personal Information

First Nathaniel Middle Billy Jack Last Armer

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]

City [redacted] State [redacted] Zip [redacted]

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Smithfield State High School			Jan 2008 - Dec 2010	
Address	City		State	Zip
Obrien Rd, ~~Smithfield~~	Smithfield		QLD	4878
Diploma/Degree obtained, if any				
High School			Australia	

School Name			From - To (MM/YY – MM/YY)	
Norton Knatchbull School			Jan 2005 - Dec 2007	
Address	City		State	Zip
Hythe Rd.	Ashford			TN 24 0QJ
Diploma/Degree obtained, if any				
			United Kingdom	

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Oct 2022 - cu	[redacted]			
Jun 2021 - Oct 2022				
07/20 - 06/21				
09/19 - 07/20				
05/17 - 09/19				
05/16 - 05/17				
01/15 - 05/16				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Adonis Health Inc.			01/22 - Current
Business Address	**City**	**State**	**Zip**
1111B S Governors Ave STE 25478	Dover	DE	19904
Phone	**Title**		
9097872342	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Athena Technology Inc.			01/25 - Present
Business Address	**City**	**State**	**Zip**
1887 Whitney Mesa Dr. #3141	Henderson	NV	89014
Phone	**Title**		
702 329 0441	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	X	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	X	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/24/25	n/a	CA	San Francisco	San Francisco
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:25-cv-3536		District Court Northern California		
Reason/Charge				
Unfair competition, false advertisement, Lanham Act violation,				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Eli Lilly and Company v. Adonis Health Inc			Lawsuit	
Name of Business/Industry/Entity				
Telehealth				

Provide explanation below:

Lilly contends that Adonis Health used its trademarks and reputation to market compounded versions of GLP-1 weight-loss drugs, misleading consumers even after branded drugs were no longer in shortage. The suit centers on trademark infringement, false advertising, and consumer confusion under the Lanham Act, seeking both injunctive and monetary relief.

N. A

Original Signature (electronic, copies or stamps not accepted)

6/20/25

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
4/24/25	n/a	CA	San Francisco	San Francisco
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:25-cv-3536		District Court Northern California		
Reason/Charge				
Unfair competition, false advertisement, Lanham Act violation,				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Eli Lilly and Company v. Adonis Health Inc			Lawsuit	
Name of Business/Industry/Entity				
Telehealth				

Provide explanation below:

Lilly contends that Adonis Health used its trademarks and reputation to market compounded versions of GLP-1 weight-loss drugs, misleading consumers even after branded drugs were no longer in shortage. The suit centers on trademark infringement, false advertising, and consumer confusion under the Lanham Act, seeking both injunctive and monetary relief.

N. Amy
Original Signature (electronic, copies or stamps not accepted)

6/20/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nathaniel Armer

Print Name (First, Last)

N. Armer — 6/20/25

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami Dade

I, Nathaniel Armer, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

N. Armer — 6/20/25

Original Signature — **Date**

Subscribed and Sworn to before me this 20 day of June 2025.

Notary Public Signature

CARLOS M. GOMEZ
MY COMMISSION #HH504826
EXPIRES: APR 19, 2028
Bonded through 1st State Insurance

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Hephaestus Pharmaceuticals LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (If applicable): Pharmacy permit # PH35084

Physical Address: 10913 NW 30th Street Unit 102

City: Miami State: FL Zip: 33172

Mailing Address (if different from physical address): 1111 B. S. Governors Ave ste 25428

City: Dover State: DE Zip: 19904

Telephone: 888-648-1134 Website: www.Hephaestuspharmacy.com

Licensing Company Email: info@Hephaestuspharmacy.com

Section 2: Personal Information

First: Dear Middle: Richard Last: Kachkhouchi

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	Address	City	State	Zip	From - To (MM/YY – MM/YY)	Diploma/Degree obtained, if any
Cornell University	300 Day Hall	Ithaca	NY	14853	01-16 - 05/18	B.S. ILR
Chandler Gilbert CC	2626 E Pecos	Chandler	AZ	85225	08/15 - 01/16	N/A
Desert Vista	16440 S. 32 St.	Phoenix	AZ	85048		HS Diploma

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/12 - 04/25	[redacted]			

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Adonis Health Inc.	01/22 - 04/25

Business Address	City	State	Zip
1111 B S. Governors Ave Suite 25420	Dover	DE	19904

Phone	Title
888 648 1134	Shareholder

Description of Duties

Owner/Operator

Business Name	From - To (MM/YY – MM/YY)
Hephaestus Pharmaceuticals LLC	12/24 - 04/25

Business Address	City	State	Zip
10913 NW 30 ct 102	Miami	FL	33172

Phone	Title
888 648 1134	Shareholder

Description of Duties

Owner/Operator (non-pharmacist)

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Darr Kadlubowski

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/18/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami Dade

I, Darr Kadlubowski, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

April 18th 2025

Date

Subscribed and Sworn to before me this 18 day of April 2025.

Notary Public Signature

CARLOS M. GOMEZ
MY COMMISSION #HH504826
EXPIRES: APR 19, 2028
Bonded through 1st State Insurance

(Seal)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV355 - Community Pharmacy (New Business / Change of Owner)

File # 30941
Insp # 206079

NAME	PERMIT NUMBER	DATE OF INSPECTION
Hephaestus Pharmaceuticals LLC		07/09/2025
DOING BUSINESS AS		
STREET ADDRESS 10913 NW 30th Street Suite 102	**TELEPHONE #** 888-648-1134	**EXT**
CITY DORAL	**COUNTY** MIAMI-DADE	**STATE/ZIP** FL/33172

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 9:00 AM TO 5:00 PM
Monday Y	Monday Hours
Tuesday Y	Tuesday Hours
Wednesday Y	Wednesday Hours
Thursday Y	Thursday Hours
Friday Y	Friday Hours
Saturday N	Saturday Hours Closed
Sunday N	Sunday Hours Closed

Registered Pharmacist / Intern / Tech

License # PS 58844	Licensee Name Ngon-Vincent Cong Van
License Type Registered Pharmacists	
License # PS 64719	Licensee Name Richard L. Lavosky III
License Type Registered Pharmacists	
License # RPT 125437	Licensee Name Calvin Leroy Pell
License Type Pharmacy Tech	
License # RPT 11596	Licensee Name Carlos M. Gomez
License Type Pharmacy Tech	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FH4266638	

INV355 - Community Pharmacy (New Business / Change of Owner)

COMMUNITY REQUIREMENTS GENERAL SECTION

Rx Department is open for a minimum of 20 hours per week and signage stating the hours the pharmacy department is open. [64B16-28.1081, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-28.1035, F.A.C]	Yes

Private Consultation Area available. [64B16-28.1035, F.A.C]	Yes
Generic equivalent sign is posted. [465.025(7), F.S]	Yes
Prescription department is clean and safe, has a sink with running water convenient to the prescription department, and references and equipment necessary for the practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy has a designated Prescription Department manager with a current and active Florida license. [465.018, F.S.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16 -27.410(2)(a) F.A.C.]	Yes
Continuous Quality Improvement Program described in Policy and Procedure manual [64B16-27.300 F.A.C.] [766.101(1)(a)(l) F.S.]	Yes
Policy and Procedure to prevent the fraudulent dispensing or controlled substances. [465.022 (4) F.S]	Yes
Prescription Department is securable from unauthorized access. [64B16-28.109 F.A.C.]	Yes
All medications to be purchased from a Florida licensed wholesaler [499-F.S.]	Yes
The following rules have been reviewed with the applicant: 64B16-30.003, F.A.C. (Citations), 64B16-28.140(4) F.A.C. (Compounding Records), 64B16-28.1081, F.A.C. (Regulation of Daily Operating Hours; Commencement of Operation-s), 64B16-28.202, F.A.C (Closing of a Pharmacy)	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Remarks:

This is a Change of Owner pharmacy inspection for a community pharmacy permit conducted with PDM of record Ngon-Vincent Cong Van, PS 58844.
Last CQI meeting conducted June 25, 2025.
Controlled Substance Biennial Inventory 07/08/2025 at opening of business.
Wholesaler: TopRx and Yavari.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

BARREIROS, DANAY

Date:7/9/2025

Representative:

Ngoń Vincent Cong Van PS 58844

Date:7/9/2025

Your license number is PH 35852.

Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes and much more.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
07/11/2025	**PH 35852**	**155800**

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

EXPIRATION DATE: **FEBRUARY 28, 2027**

HEPHAESTUS PHARMACEUTICALS LLC
HEPHAESTUS PHARMACEUTICALS LLC
10913 NW 30TH STREET
SUITE 102
DORAL, FL - 33172

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
STATE SURGEON GENERAL

Scan QR Code for
License Authentication

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
07/11/2025	PH 35852	155800

THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **FEBRUARY 28, 2027**

HEPHAESTUS PHARMACEUTICALS LLC
HEPHAESTUS

REGISTRANT SIGNATURE

Department of Health

Hephaestus Pharmaceuticals LLC

HEPHAESTUS PHARMACEUTICALS LLC

License Number: PH35852

Data As Of 8/4/2025

Profession	Pharmacy
License	PH35852
License Status	Clear/
Qualifications	Community Pharmacy Schedule II & III
License Expiration Date	2/28/2027
License Original Issue Date	07/10/2025
Address of Record	10913 NW 30th Street Suite 102 DORAL, FL 33172
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FH4266638	10-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	06-11-2024

HEPHAESTUS PHARMACEUTICALS LLC
10913 NW 30TH ST STE 102
DORAL, FL 331725029

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FH4266638	10-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	06-11-2024

HEPHAESTUS PHARMACEUTICALS LLC
10913 NW 30TH ST STE 102
DORAL, FL 331725029

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Form DEA-223 (9/2016)

10B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☑ New Pharmacy	☐ Retail/Community	☐ Retail/Community
☑ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☑ Other: see description of services attached	☐ Non-sterile Compounding
			☐ Sterile Compounding
			☑ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #:		☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☑ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Walgreens Specialty Pharmacy, LLC d/b/a Walgreens HUB Solutions #21609

Physical Address: 120 Enterprise Drive

City: Pittsburgh State: PA Zip: 15275

Mailing Address (if different from physical address): PO Box 901

City: Deerfield State: IL Zip: 60015

Telephone: 412-439-6543 Toll Free # (NAC 639.708, NRS 639.23286): 800-756-6616

Fax: 855-397-0417 Contact Email: slowe@flaherty-ohara.com

Website: walgreenshubsolutions@walgreens.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Ashley Patrick

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24529

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Ashley Patrick	NV Pharmacist Registration #: 24529
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%: N/A
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Walgreens Specialty Pharmacy Holdings, LLC is parent company of Walgreens Specialty Pharmacy, LLC

Corporation Name: Walgreens Boots Alliance, Inc. See attached organizational chart

Mailing Address: PO Box 901

City: Deerfield State: IL Zip: 60015

Telephone: 847-315-2500 Email: slowe@flaherty-ohara.com

Contact Person Name: Sara Lowe, Outside Counsel

Date of SEC Registration: 12/31/2014	SEC Registration Number: 0001618921	Stock Exchange Symbol: WBA

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☑ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Treasurer & Secretary (title) for Walgreens Specialty Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Brian Brown

Print Name of Authorized Person

B L

Original signature of Authorized Person (copies or stamps not accepted)

5/13/2025

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Brian Brown hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Secretary & Treasurer (title) for Walgreens Specialty Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 13th day of May, 2025

Notary Public

Commonwealth of Pennsylvania - Notary Seal
STEVEN W EVERETT - Notary Public
Allegheny County
My Commission Expires October 21, 2026
Commission Number 1194054

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian Brown, Treasurer & Secretary of Walgreens Specialty Pharmacy, LLC

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

5/13/25

Date

Board Use Only	Date Received: 5/15/25	Amount: $500 - CK 52005

Walgreens Specialty Pharmacy, LLC d/b/a Walgreens HUB Solutions #21609
Owner and Officers

Applicant
Walgreens Specialty Pharmacy, LLC
7003 Presidents Drive
Orlando, FL 32809

Owner/Sole LLC Member

Walgreens Specialty Pharmacy Holdings, LLC
7003 Presidents Drive
Orlando, FL 32809

Officers of Walgreens Specialty Pharmacy, LLC

Name: Richard Gates
Title: President
[redacted]

Name: Matthew Spina
Title: Chief Financial Officer
[redacted]

Name: Tracey James
Title: Chief Operating Officer
[redacted]

Name: Brian Brown
Title: Secretary and Treasurer
[redacted]

Name: Michael Emerson
Title: VP Tax
[redacted]

Name: Brittany Mack
Title: Assistant Treasurer
[redacted]

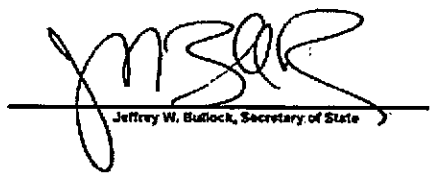
Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WALGREENS SPECIALTY PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WALGREENS SPECIALTY PHARMACY, LLC" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



3694344 8300

SR# 20243746983

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204446797

Date: 09-20-24

Walgreens Boots Alliance, Inc.
(Publicly Traded)
100%
100%
Walgreen Co.
WBA Acquisition 6, LLC
55%
Walgreens Specialty
Pharmacy Holding, LLC
45%
100%
Walgreens Specialty
Pharmacy, LLC

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

WALGREENS HUB SOLUTIONS #21609

120 ENTERPRISE DRIVE
PITTSBURGH, PA, 15275

Phone: 412-439-6543
Owner: WALGREENS SPECIALTY Pharmacy LLC

LICENSE

License No: AA0006122291
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business
Inspection Date: 03/17/2025
Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

If this is a New Business Inspection, this PASS inspection form will serve as a temporary authority to operate pending final review and approval by the State Board. The temporary authority must be prominently displayed and will expire upon receipt of a properly issued license or six months from the date of inspection.

CORY ULISSE	3/17/2025 1:14:09 PM	Ashley Marie Patrick - RP453383
Signature of Inspector	Date/Time	Signature of Owner/Representative

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

WALGREENS HUB SOLUTIONS #21609

120 ENTERPRISE DRIVE
PITTSBURGH, PA, 15275

Phone: 412-439-6543
Owner: WALGREENS SPECIALTY Pharmacy LLC

LICENSE

License No: AA0006122291
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business
Inspection Date: 03/17/2025
Inspection Result: Passed

Remarks:

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

Commonwealth of Pennsylvania- Department of State
Bureau of Professional and Occupational Affairs

Mailing Address P.O. Box 2649, Harrisburg, PA 17105 Toll Free: 1-833-DOS-BPOA

WALGREENS HUB SOLUTIONS #21609
ASHLEY MARIE PATRICK

License Number	: PP483225	Initial License Date : 03/17/2025	Expiration Date : 08/31/2025
License Type	: Pharmacy		License Status as of 3/18/2025 : Active
Issued By	: State Board of Pharmacy		
Address	: 120 ENTERPRISE DRIVE, PITTSBURGH, PA 15275		

Arion R. Claggett

Acting Commissioner Arion R. Claggett

Signature of Licensee

SCAN ME

Please verify the license by visiting https://www.pals.pa.gov/verify or by scanning the QR Code

20250317788

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

04/22/2025

License Information

ASHLEY MARIE PATRICK

BELLEVUE, Pennsylvania 15202

Board/Commission:	State Board of Pharmacy	Status Effective Date:	06/20/2019
LicenseType:	Pharmacist	Issue Date:	06/20/2019
Specialty Type:		Expiration Date:	09/30/2026
License Number:	RP453383	Last Renewal:	09/03/2024
Status:	Active		

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

03/17/2025

License Information

WALGREENS HUB SOLUTIONS #21609

120 ENTERPRISE DRIVE
PITTSBURGH, Pennsylvania 15275

Board/Commission:	State Board of Pharmacy	Status Effective Date:	03/17/2025
LicenseType:	Pharmacy	Issue Date:	03/17/2025
Specialty Type:	Inspected by Board	Expiration Date:	08/31/2025
License Number:	PP483225	Last Renewal:	
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
ASHLEY MARIE PATRICK	Pharmacist Manager	Pharmacist	RP453383	Active	03/17/2025	09/30/2026

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

Nevada
Statement on Disciplinary Actions

Walgreens HUB Solutions #21609 is a newly opened facility, and has never received any disciplinary actions against it. The entity that owns this facility, Walgreens Specialty Pharmacy, LLC, has operated several other pharmacies across the country, which have, from time to time, received disciplinary actions. A full list of those actions against Walgreens Specialty Pharmacy, LLC's facilities and accompanying documentation is included in this packet. If any additional information is required for these actions, please contact our outside counsel, Sara Lowe, Flaherty & O'Hara, P.C., Pittsburgh PA. She can be reached at SLower@flaherty-ohara.com, or by phone at 240-678-4386.

Brian Brown
Secretary & Treasurer
Walgreens Specialty Pharmacy, LLC

5/13/25
Date

Walgreens Specialty Pharmacy #15438

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Canton 15438 (50)	Agency Order	CO BoP	Canton #15438	2010-002889	4/9/2010	Failure to submit required data to PDMP	$ 5,000.00	Facility
Canton 15438 (50)	Agency Order	CO BoP	Canton #15438	2010-003719	7/14/2010	Failure to timely submit a change of PIC	$ 1,000.00	Facility
Canton 15438 (50)	Settlement Agreement	HI BoP	Canton #15438	PHA 2015-900L	4/6/2016	Failure to timely report discipline in another state in case PHA 2015-91-L	$ 2,000.00	Facility
Canton 15438 (50)	Settlement Agreement	IL BoP	Canton #15438	2017-09917	12/19/2019	Delay of therapy	$ 2,000.00	Facility
Canton 15438 (50)	Settlement Agreement	IL BoP	Canton #15438	2016-04570	12/19/2019	Sister discipline from HI and CO	$ 2,000.00	Facility

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Luciow, Joseph	Reprimanded	MI BoP	Canton #15438		1/1/1998	Information no longer available	$ -	Staff	Pharmacist

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois,	Complainant	)
v.		) No. 2017-09917
ALLIANCE RX WALGREENS PRIME, License No. 054.017538,	Respondent	)

ORDER

This matter having come before the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation following the filing of a formal complaint against Alliance Rx Walgreens Prime (hereinafter "Respondent") on January 11, 2019 and said Complaint having been sent to Respondent's last known email address of record; Respondent having been ordered to file an answer or be held in default on February 25, 2019; Respondent having failed to answer the complaint and being held in default on March 25, 2019; the Illinois State Board of Pharmacy (hereinafter "Board") having deliberated this matter and issued a report containing certain findings of fact, conclusions of law, and a recommendation to the Director, and that report and a 20 Day Notice having been sent to Respondent's email address of record on May 17, 2019; Respondent having failed to reply within 20 days of the notice; and all due notice having been given:

Now therefore, I, Cecilia Abundis, Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, after reviewing this matter and the documents attached hereto and referenced herein, do hereby adopt the Findings of Fact, Conclusions of Law, and Recommendation of the Board;

It is therefore Ordered that the Pharmacy License of Alliance Rx Walgreens Prime, license number 054.017538, is assessed a fine of two thousand dollars ($2,000.00).

DATED THIS 19th day of December, 2019.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2017-09917
License No. 054.017538

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 2017-09917
ALLIANCE RX WALGREENS PRIME, License No. 054.017538, Respondent	)	

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATION TO THE DIRECTOR

Now comes the Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation and, after reviewing the record in this matter, a majority of its members hereby makes the following Findings of Fact, Conclusions of Law and Recommendation to the Director of Professional Regulation:

FINDINGS OF FACT

1. ALLIANCE RX WALGREENS PRIME, (hereinafter "Respondent") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017538. Said license is currently in ACTIVE status.
2. On January 11, 2019, the Department filed a Complaint against Respondent and sent notice of the Preliminary Hearing with the Complaint to Respondent on January 11, 2019, to the last known email address of Respondent: specialtypharmacy@walgreens.com. The Preliminary Hearing was set for February 25, 2019.
3. On February 25, 2019, the Administrative Law Judge ordered that Respondent file an Answer to the Department's Complaint on or before March 18, 2019. A Status Hearing was set for March 25, 2019. A copy of the Administrative Law Judge's Order was emailed to Respondent at Respondent's last known email address of record.

4. On March 25, 2019, Respondent failed to appear. Respondent had not filed an answer to the Department's allegations. The Administrative Law Judge entered an Order of Default and transferred the matter to this Board for its deliberation on the pleadings. A copy of the Administrative Law Judge's Order was sent to the last known email address of Respondent.

5. The Board finds the allegations said Complaint to be true:

    a. ALLIANCE RX WALGREENS PRIME (hereinafter "Respondent Pharmacy") is currently licensed as a Pharmacy in the State of Illinois, License Number 054.017538. Respondent's Pharmacy license is currently in "Active" status.

    b. On or about October 3, 2017 and October 10, 2017, Respondent Pharmacy dispensed an incorrect prescription to Patient S.J.

    c. On or about October 3, 2017, Respondent Pharmacy received new prescriptions for Patient S.J, Rx Number 154382250892 for BD Needles 25G x 5/8.

    d. On or about October 6, 2017, Respondent Pharmacy did not catch the mistake and the order was filled and dispensed without the BD Needles 25G x 5/8 to Patient S.J.

    e. On or about October 7, 2017, Patient S.J. contacted Respondent Pharmacy and advised the order was missing the needles and syringes.

    f. On or about October 10, 2017, Respondent Pharmacy scheduled the syringes for delivery to Patient S.J.

    g. Respondent Pharmacy did not catch the mistake and the order was filled and dispensed with the incorrect syringes, 3CC Oral Syringes.

    h. Patient S.J. did not receive the needles in a timely manner and was unable to administer the medication prescribed.

    i. Respondent has committed dispensing errors that resulted in the patient being unable

to administer the prescribed medication.

CONCLUSIONS OF LAW

1. The Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation has jurisdiction over the subject matter and of the parties in this case.
2. The Department has jurisdiction to investigate the complaints and to bring this action pursuant to 225 ILCS 85/1 et. seq.
3. Respondent Alliance RX Walgreens Prime is in violation of 68 Ill. Admin. Code 1330.30(o),
4. .and 225 ILCS 85/30(a)(2), and (7).
5. Respondent Alliance RX Walgreens Prime's violations are grounds for discipline pursuant to 225 ILCS 85/30(a)(2), and (7).

RECOMMENDATION

The Illinois Board of Pharmacy of the Division of Professional Regulation of the Department of Financial and Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends to the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, that the license to practice as a Licensed Pharmacy of ALLIANCE RX WALGREENS PRIME, License No. 054.017538, be FINED Two Thousand Dollars ($2,000.00).

DATED THIS 14 DAY OF May, 2019.

Chairperson, Lemrey Al Carter Pharm.D.

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

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MEMBER

Case No. 2017-09917
License No. 054.017538

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BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002889

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF OPTIONCARE SPECIALTY PHARMACY, REGISTRATION NO. OSP 5773,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Optioncare Specialty Pharmacy ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2010-002889 as follows:

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent Pharmacy has been registered by the Board as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 42108.

4. Respondent Pharmacy neither admits nor denies these findings but does not contest that the Board alleges these findings. It hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent failed to submit required data into Colorado's Prescription Drug Monitoring Program (PDMP) for the January 16, 2010, through January 25, 2010, reporting period.

6. On January 28, 2010, the Board initiated a complaint against Respondent Pharmacy because Respondent Pharmacy failed to comply with the data submission requirements of the PDMP.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of section 12-22-125(1)(c)(I), (II) and (III) and 12-22-708,

C.R.S., and that such conduct may provide grounds for disciplinary action against Respondent Pharmacy's non-resident prescription drug outlet registration.

DISPOSITION

$5,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge.** Pursuant to section 12-22-125.2(5), C.R.S., Respondent Pharmacy shall pay a fine of Five Thousand Dollars and No Cents ($5,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of Five Thousand, Five Hundred Dollars and No Cents ($5,500.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent Pharmacy shall at all times comply with the data submission requirements of the PDMP.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, whether or not Respondent Pharmacy has consulted with legal counsel. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent Pharmacy has consulted with legal counsel, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully

with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 3/30/2010

Subscribed and sworn to before me in the County of Washtenaw, State of Michigan, this 30 day of March, 2010 by Larry Wiederhorn, in his/her capacity as an authorized agent of Optioncare Specialty Pharmacy.

JESSICA E. HANNING
Notary Public, State of Michigan
County of Wayne
My Commission Expires 05-04-2013
Acting in the County of Washtenaw

My commission expires: 5/4/2013

Notary Public

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 9th DAY OF April, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-003719

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5773,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2010-003719 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent hereby waives any further proof in this proceeding before the Board regarding the following facts.

4. Respondent's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 48108.

5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 244 days transpired between July 15, 2009, the date the previous pharmacist manager ceased the position, and March 17, 2010, the date the application and fee were received.

6. On or about April 5, 2010, the Board initiated a complaint against Respondent because of the delay of 244 days in submitting an application detailing a change in pharmacist manager and fee.

EXHIBIT "2"

7. Respondent does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(II), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:

12-22-125. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Regulation 5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

$1,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge**. Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance**. Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.

10. **Acknowledgments**. The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or

not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.

11. **Advisements and Waivers**. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's understanding that it has the following rights:

    a. To have formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Violations**. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

11 NOV 23 P 1:30

ACCEPTED AND AGREED BY

Larry E. Niederkohr

Authorized Agent of Respondent Pharmacy

Dated: June 28, 2010

Subscribed and sworn to before me in the County of Washtenaw State of Michigan, this 28 day of June, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

Notary Public

My commission expires:
5-4-2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an order of the Board.

DONE AND EFFECTIVE THIS 14th DAY OF July, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

'11 NOV 23 P1:36

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 25th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 24th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

'11 NOV 23 P1:39

Agent of the Board

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

RECEIVED
2016 APR 15 A 10:27
DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS
2016 APR 28 P 2:26
HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permits of WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443, Respondent.	PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443 (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

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I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 547 issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314. The permit was issued on or about January 17, 2008 and will expire or forfeit on or about December 31, 2017.

2. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 644, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15438. The permit was issued on or about April 12, 2010 and will expire or forfeit on or about December 31, 2017.

3. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 669, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15443. The permit was issued on or about September 23, 2010 and will expire or forfeit on or about December 31, 2017.

4. Respondent's mailing address for purposes of this action is P.O. Box 901, Deerfield, Illinois 60015.

5. RICO received a request for investigation from the Board after Respondent reported disciplinary actions by the State of Colorado.

6. Respondent provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522 (hereinafter "the Colorado Order in Case No. 2011-000522") (Exhibit "1"). The Colorado Order in Case No. 2011-000522 was based on action in Colorado and imposed a $5,000.00 fine.

7. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719 (hereinafter "the Colorado Order in Case No. 2010-003719 ") (Exhibit "2"). The Colorado Order in Case No. 2010-003719 was based on allegations related to reporting changes in pharmacist manager and imposed a $1,000.00 fine.

8. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518 (hereinafter "the Colorado Order in Case No. 2011-000518") (Exhibit "3"). The Colorado Order in Case No. 2011-000518 was based on disciplinary action in Colorado and imposed a $5,000.00 fine.

9. RICO alleges that disciplinary action was taken against Respondent in other states.

10. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

11. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522; Exhibit "2" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719; and Exhibit "3" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permits.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case Numbers PHA 2015-62-L (PMP 547), PHA 2015-90-L (PMP 644) and PHA 2015-91-L (PMP 669).

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay administrative fines in the amount of TWO THOUSAND HUDNRED AND NO/100 DOLLARS ($2,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of fines shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permits shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permits to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for new permits until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for new permits pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Deerfield (CITY), IL (STATE), 4/6/16.

WALGREENS SPECIALTY PHARMACY, LLC
Respondent

By: Joel Wright
Its SVP of Specialty Services

DATED: Honolulu, Hawaii, April 15, 2016.

DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMITS OF WALGREENS SPECIALTY PHARMACY, LLC, INDIVIDUALLY AND DOING BUSEINSS AS WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, AND WALGREENS SPECIALTY PHARMACY #15443; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"; CASE NO(S). PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

Kerri Okamura
KERRI OKAMURA
Chairperson

4/28/16
DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

Mary Jo Keefe
MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01/15

STATE OF ILLINOIS)
) SS.
COUNTY OF LAKE)

On this 6TH day of APRIL, 2016, before me personally appeared JOEL WRIGHT, to me known to be the person described, and who executed the foregoing instrument on behalf of WALGREENS SPECIALTY PHARMACY, LLC, as its DIVISIONAL VICE PRESIDENT, and acknowledged he/she executed the same as his/her free act and deed.

This 5-page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated APRIL 6, 2016 was acknowledged before me by JOEL WRIGHT (NAME OF PERSON SIGNING THIS DOCUMENT) this 6TH day of APRIL, 2016, in the County of LAKE, in the State of ILLINOIS.

Karen A. Kessler

Name: KAREN A. KESSLER
Notary Public, State of ILLINOIS

My Commission expires: 10/8/2017

OFFICIAL SEAL
KAREN A KESSLER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/08/17

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000522

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5737,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreen Specialty Pharmacy, LLC ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000522 as follows:

1. On February 19, 2008, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5737 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 9775 SW Gemini Dr., Ste. 1, Beaverton, OR 97008.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a "zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

EXHIBIT 4

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Sherrie R Cooper
Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Washington, State of Oregon, this 29th day of September, 2010 by Sherrie R Cooper, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

My commission expires: July 2, 2012

Luanne J Mueller
Notary Public

OFFICIAL SEAL
LUANNE J MUELLER
NOTARY PUBLIC OREGON
COMMISSION NO. 430354
MY COMMISSION EXPIRES JULY 2, 2012

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 19th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-003719

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5773,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2010-003719 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent hereby waives any further proof in this proceeding before the Board regarding the following facts.

4. Respondent's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 48108.

5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 244 days transpired between July 15, 2009, the date the previous pharmacist manager ceased the position, and March 17, 2010, the date the application and fee were received.

6. On or about April 5, 2010, the Board initiated a complaint against Respondent because of the delay of 244 days in submitting an application detailing a change in pharmacist manager and fee.

EXHIBIT "2"

7. Respondent does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(II), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:

12-22-125. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Regulation 5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

$1,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge**. Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance**. Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.

10. **Acknowledgments**. The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or

not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.

11. **Advisements and Waivers**. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's understanding that it has the following rights:

    a. To have formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Violations**. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

NOV 23 P 1:30

ACCEPTED AND AGREED BY

Larry E. Niederkohr

Authorized Agent of Respondent Pharmacy

Dated: June 28, 2010

Subscribed and sworn to before me in the County of Washtenaw State of Michigan, this 28 day of June, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

Notary Public

My commission expires:
5-4-2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an order of the Board.

DONE AND EFFECTIVE THIS 14th DAY OF July, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

2010 NOV 23 11:36

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 23rd day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 23rd day of July, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

2010 NOV 23 P 1:36

Agent of the Board

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000518

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000518 as follows:

1. On August 7, 1998, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5004 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7164 Technology Dr., #100, Frisco, TX 75034.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

EXHIBIT "3"

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge**. Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board

9. **Compliance with PDMP**. At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Collin, State of Texas, this 29 day of September, 2010 by Thomas Mathews, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625.

My commission expires: 7-26-13

Notary Public

PAMELA SEALE
My Commission Expires
July 26, 2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 18th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

Walgreens Specialty Pharmacy #15443

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Frisco 13625 (90)	Agency Order	CO BoP	Frisco #15443	2011-000518	9/29/2010	Failure to report PDMP records 4.1-10.2010 and 7.1-10.2010	$ 5,500.00	Facility
Frisco 15443 (90)	Settlement Agreement	HI BoP	Frisco #15443	PHA 2015-91-L	4/28/2016	Failure to timely report discipline in another state	$ 2,000.00	Facility
Frisco 15443 (90)	Settlement Agreement	IL BoP	Frisco #15443	2016-04570	12/19/2019	Sister discipline from HI and CO	$ 2,000.00	Facility
Frisco 15443 (90)	Consent Order	VA BoP	Frisco #15443	203205	2/3/2021	Delay of therapy	$ 500.00	Facility
Frisco #15443	Citation	CA BoP	Frisco #15443	CI 2021 93653	6/6/2023	Delay of therapy	$ 2,000.00	Facility

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Nguyen, Kevin Linh	Consent Order	TX BoP	Frisco #15443	L-16-022	11/1/2016	Failure to answer truthfully to questions on license application	$ 250.00	Staff	Pharmacist
Dang, Phongphu	Remedial Plan	TX BoP	Frisco #15443	H-17-047-A	8/7/2018	Remedial plan due to dispensing error https://www.pharmacy.texas.gov/abo/RP-Pht/162441%20%20R49465%20%20Dang%2C%20Phongphu%20Alex%20%20REM%20%20H17047A%20%202018-08.pdf	$ 1,000.00	Staff	Pharmacist
Cooley, James	Board Order	TX BoP	Frisco #15443	T-04-382	9/24/2004	Two DUI between 1998 and 1999	$ -	Staff	Pharmacy Technician
Nguyen, Kevin Linh	Consent Order	OR BoP	Frisco #15443	2015-0258	6/25/2015	Failure to answer truthfully to questions on license application	$ 1,000.00	Staff	Pharmacist

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

COPY

CITATION AND FINE
ORDER OF ABATEMENT

Citation Number	Name, License No
CI 2021 93653	ALLIANCERX WALGREENS PHARMACY #15443, NRP 1589

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4301/Bus. & Prof. Code § 733 subd. (a)	Unprofessional Conduct.../Dispensing prescription drugs and devices- No licentiate shall obstruct a patient in obtaining a prescription	$2,000.00

CONDUCT:

Unprofessional Conduct-Obstructing a Patient from Obtaining Prescription: Business and Professions Code Section 4301 as it related to Business and Professions Code Section 733(a). Business and Professions Code Section 4301 states the board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Business and Professions Code Section 733 (a) states a licentiate shall not obstruct a patient in obtaining a prescription drug or device that has been legally prescribed or ordered for that patient. A violation of this section constitutes unprofessional conduct by the licentiate and shall subject the licentiate to disciplinary or administrative action by his or her licensing agency. Specifically, between 10/29/2021 and 11/10/2021, AllianceRx Walgreens Prime # 15443 (NRP1589) located at 10530 John W Elliot Dr Ste 100, Frisco, TX 75033 obstructed patient CS from obtaining her prescription for Verzenio 150mg which caused a delay in therapy for the following reasons:

- AllianceRx employee misinterpreted the billing directions and kept billing incorrectly which resulted in the claim rejection.
- Each time the pharmacy got a rejected insurance claim, the pharmacy did not contact the prescriber nor the patient regarding the rejected claim.
- When the prescriber's office called the pharmacy for the status of the prescription several times, the pharmacy staff noted to call them back with the status however no one from the pharmacy called back.
- The timeline provided by AllianceRx showed a consistent pattern of the prescriber's office contacting the pharmacy for the status of CS's Verzenio.

Obstructing a patient from obtaining a prescription was a violation of Business and Professions Code Section 4301 as it related to 733(a).

CITATION ISSUED ON: May 18, 2023	TOTAL AMOUNT OF FINE(S): $2,000.00
PROOF OF ABATEMENT AND PAYMENT OF FINE(S) DUE BY: June 17, 2023	

COPY

DHP – MAILROOM

JAN 29 2021

BEFORE THE VIRGINIA BOARD OF PHARMACY

IN RE: WALGREENS SPECIALTY PHARMACY, LLC D/B/A ALLIANCERX WALGREENS PRIME #15443

Permit Number: 0214-000307
Case Number: 203205

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Pharmacy ("Board") and Thomas J. Matthews, Pharmacist-in-Charge of Walgreens Specialty Pharmacy, LLC DBA AllianceRX Walgreens Prime #15443 ("AllianceRX"), Frisco, Texas, as evidenced by their signatures hereto, in lieu of proceeding to informal conference, enter into the following Consent Order affecting AllianceRX's permit to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. On July 16, 1998, the Board issued Permit Number 0214-000307 to AllianceRX to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia. Said permit is scheduled to expire on July 31, 2021. At all times relevant hereto, said permit was in full force and effect.

2. AllianceRX violated Virginia Code § 54.1-3316(1) and (13) in that it failed to provide Patient A's physician with a prescription for a life-saving medication, Revlimid, on or before April 10, 2019, as requested by Patient A on April 2, 2019. When Patient A requested shipment of a prescription for Revlimid to his physician's office for April 10, 2019 administration, a hold, which had previously been placed on the prescription due to side effects reported by Patient A, was not removed from the prescription, causing the prescription not to be processed.

3. AllianceRX reported that it has changed the process for placing these types of prescriptions on hold to prevent this situation from happening again.

CONSENT

AllianceRX, by affixing the signature of a representative hereon to this Order, agrees to the following:

1. AllianceRX has been advised to seek advice of counsel prior to signing this document.

2. AllianceRX is fully aware that without its consent, no legal action can be taken against it or its permit except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. AllianceRX acknowledges that it has the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. AllianceRX waives its right to an informal conference;

5. AllianceRX admits to the Findings of Fact and Conclusions of Law contained herein and waives its right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. AllianceRX consents to the entry of the following Order affecting its right to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Pharmacy hereby ORDERS as follows:

1. AllianceRX is assessed a MONETARY PENALTY of $500.00. This penalty shall be paid to the Board by certified check or money order made payable to the Treasurer of Virginia within 60 days from the date of entry of this Order. Failure to pay the full monetary penalty by the due date may cause the matter to be sent for collection and constitutes grounds for an administrative proceeding and further discipline.

2. AllianceRX shall comply with all laws and regulations governing the practice of non-resident pharmacies delivering in the Commonwealth of Virginia.

3. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of non-resident pharmacies delivering in the Commonwealth of Virginia shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

FOR Caroline D. Juran
Executive Director
Virginia Board of Pharmacy

ENTERED: 2/3/2021

SEEN AND AGREED TO:

Thomas J. Matthews, representative for
Walgreens Specialty Pharmacy, LLC D/B/A AllianceRx Walgreens Prime #15443

STATE OF TEXAS
COUNTY/CITY OF Collin / Frisco, TO WIT:

Subscribed and sworn to before me, a notary public in and for the state of Texas at large, on this 26th day of January 2021.

TARAH RECKER
My Notary ID # 131137161
Expires May 19, 2021

Notary Public

My commission expires: 5/19/2021

Registration No.: 131137161

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

October 27, 2010

Walgreens Specialty Pharmacy, LLC
DBA Walgreens Specialty Pharmacy #13625
Attn: Tom Mathews, RPH
7164 Technology Dr. #100
Frisco, TX 75034

RE: Stipulation and Final Agency Order
Case #2011-0518

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATON OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

Dear Mr. Mathews:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective October 18, 2010.

If you have any questions, or require additional information, please feel free to contact me at (303) 894-2989.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY
PRESCRIPTION DRUG MONITORING PROGRAM

Tia Johnson
PDMP Administrator

enclosure
cc: Michael Simko, Esq.
John H. Steele, Director, Office of Expedited Settlement
File

1560 Broadway, Suite 1350 Denver, Colorado 80202 Phone 303.894.7800
Fax 303.894.7692 www.dora.state.co.us V/TDD 711
Consumer Protection

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000518

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000518 as follows:

1. On August 7, 1998, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5004 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7164 Technology Dr., #100, Frisco, TX 75034.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Collin, State of Texas, this 29 day of September, 2010 by Thomas Mathews, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625.

My commission expires: 7-26-13

Notary Public

PAMELA SEALE
My Commission Expires
July 26, 2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 18th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 29th day of September 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
DBA Walgreens Specialty Pharmacy #13625
Attn: Tom Mathews, RPH
7164 Technology Dr., #100
Frisco, TX 75034

Gary A. Peter, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1434
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 28th day of October 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
DBA Walgreens Specialty Pharmacy #13625
Attn: Tom Mathews, RPH
7164 Technology Dr., #100
Frisco, TX 75034

Michael Simko, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1434
Deerfield, IL 60015

Agent of the Board

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000065148843
Process Date: 10/27/2010
Page: 1 of 2

WALGREENS SPECIALTY PHARMACY, LLC

SENSITIVE INFORMATION ENCLOSED

To: CEO or President
WALGREENS SPECIALTY PHARMACY, LLC
7164 TECHNOLOGY DR #100

FRISCO, TX 75034

From: The Healthcare Integrity and Protection Data Bank
Re: Notification of a Report in the Data Bank(s)

This notice is to inform you that the enclosed report of an action taken against you was recently submitted to the Healthcare Integrity and Protection Data Bank (HIPDB).

What is the HIPDB? Section 1128E of the Social Security Act as added by Section 221(a) of the Health Insurance Portability and Accountability Act of 1996, established the HIPDB. Section 1128E mandates that information on certain final adverse actions (e.g., licensure, civil judgment and criminal convictions related to health care, exclusions from Federal or State health care programs and certain other adjudicated actions and decisions) taken against health care practitioners, providers and suppliers be reported to the HIPDB. Federal and State government agencies and health plans are authorized to query the HIPDB.

Confidentiality.

All information in the HIPDB is considered confidential and is disclosed only to legally authorized queriers for specified uses. Disclosure or use of confidential information for other purposes is a violation of Federal law. Health care practitioners, providers and suppliers may query the Data Bank about themselves (self-query) and may share their self-query results with anyone they choose. Information in the Data Bank is NOT available to the public.

What does the report mean to you?

The enclosed report summarizes an action taken against you. The HIPDB may contain more than one report on a particular incident, if two or more actions were taken that related to that one incident, e.g., an adverse licensure action and an exclusion from the Medicare and Medicaid programs. A report in the Data Bank does not necessarily reflect adversely on your professional competence or conduct. Those entities authorized to access the HIPDB use the information in conjunction with information from other sources, including you, when granting clinical privileges or making employment, affiliation or licensure decisions. This report is being sent to you so that you can check its accuracy. This is important because the Data Bank is a clearinghouse for reports, which are maintained exactly as submitted.

>> **If the report is accurate**, you need not respond to this mailing. The report will be available to authorized queriers exactly as submitted.
>> **If the mailing address in this report is incorrect**, you may update your mailing address as maintained by the Data Banks using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov. Future correspondence from the Data Banks will be mailed to you at the address specified. Please be advised that this does not change your address as reflected in the report. Only the entity that originally submitted the report can modify or correct information provided in the report.
>> **You may add a statement** expressing your view of the events described in the report using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov.
>> **You may dispute the report** using the on-line Report Response Service, available at http://www.npdb-hipdb.hrsa.gov. You may NOT dispute the reported action itself or the appropriateness of any finding or judgment.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

DCN: 5500000065148843
Process Date: 10/27/2010
Page: 1 of 1

REPORT RESPONSE SERVICE LOGIN INSTRUCTIONS

To access the on-line Report Response Service, go to http://www.npdb-hipdb.hrsa.gov and click Respond to a Report. The Welcome to the Report Response Service screen displays. Click the Respond to a Report icon on this page to proceed to the Report Response Log In screen.

As the subject of a report, you are assigned a unique Report Password. This Report Password applies to all reports on file with the Data Bank(s) for which you are the subject.

If you have more than one report for which you wish to dispute report information (add, modify, or remove a Subject Statement, initiate or withdraw a dispute or request for Secretarial Review, or modify your address as maintained by the Data Bank(s)), you must enter one Report Number in the appropriate field on the Report Response Login screen, along with your Report Password. Once you have completed your transaction for that report, return to the Report Response Login screen and enter the next Report Number for which you wish to dispute report information. Use the same Report Password for all Report Numbers.

Report Number: 5500000065148843

Report Password: b7rr3gfw23

NOTE: Enter the Report Password exactly as it appears here. The Report Password is case-sensitive. File this information in a secure place for future access to the on-line Report Response Service.

The Data Bank News, quarterly newletter, is available electronically. If you would like to receive the Data Banks e-newsletter, check the box on the *Report Response Options* page. Enter your e-mail address and click **Save**.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number: 5500000065148843

This report is maintained under the provisions of:

[ ] Title IV (NPDB) [ ] Section 1921 (NPDB) [X] Section 1128E (HIPDB)

The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name:	COLORADO STATE BOARD OF PHARMACY
Address:	1560 BROADWAY, STE. 1300
City, State, Zip:	DENVER, CO 80202-0546
Country:	
Name of Office:	COLORADO STATE BOARD OF PHARMACY
Title or Department:	DORA/PROGRAM ASSISTANT
Telephone:	(303) 894-7754
Entity Internal Report Reference:	2011-0518
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name:	WALGREENS SPECIALTY PHARMACY, LLC
Other Organization Name(s) Used:	WALGREENS SPECIALTY PHARMACY #13625
Business Address:	7164 TECHNOLOGY DR #100
City, State, ZIP:	FRISCO, TX 75034
Organization Type:	PHARMACY (345)
Names and Titles of Principal Officers and Owners (POO):	
Federal Employer Identification Numbers (FEIN):	260631132
Social Security Numbers (SSN):	
Individual Taxpayer Identification Numbers (ITIN):	
State License Number, State of Licensure:	5004, CO
Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?:	NO
Drug Enforcement Administration (DEA) Numbers:	
Clinical Laboratory Act (CLIA) Numbers:	
Food and Drug Administration (FDA) Numbers:	
National Provider Identifiers (NPI):	
Medicare Provider/Supplier Numbers:	
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

C. INFORMATION REPORTED

Type of Adverse Action:	STATE LICENSURE
Basis for Action:	VIOLATION OF FEDERAL OR STATE STATUTES, REGULATIONS OR RULES (A6)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	COLORADO STATE BOARD OF PHARMACY
Adverse Action Classification Code(s):	PUBLICLY AVAILABLE FINE/MONETARY PENALTY (3233)

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Date Action Was Taken:	10/18/2010
Date Action Became Effective:	10/18/2010
Total Amount of Monetary Penalty, Assessment and/or Restitution:	$ 5,500.00
Is Subject Automatically Reinstated After Adverse Action Period Is Completed?:	YES
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:	Stipulation and Final Agency Order, effective 10/18/10, Case #2011-0518, as the pharmacy failed to submit required data into the Colorado Prescription Drug Monitoring Program. The pharmacy paid the fine, and the action was completed effective 10/18/10.

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

☐ If box is checked, this report has been disputed by the subject identified in Section B.

☐ If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission:	10/27/2010
Date of Most Recent Change:	10/27/2010

END OF REPORT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

END OF DOCUMENT

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

RECEIVED
2016 APR 15 A 10:27
DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

2016 APR-28 P 2:26
HEARINGS OFFICE
DEPT. OF COMMERCE
AND CONSUMER AFFAIRS

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permits of WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443, Respondent.	PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, and WALGREENS SPECIALTY PHARMACY #15443 (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

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I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 547 issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #12314. The permit was issued on or about January 17, 2008 and will expire or forfeit on or about December 31, 2017.

2. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 644, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15438. The permit was issued on or about April 12, 2010 and will expire or forfeit on or about December 31, 2017.

3. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 669, issued to WALGREENS SPECIALTY PHARMACY, LLC, individually and doing business as WALGREENS SPECIALTY PHARMACY #15443. The permit was issued on or about September 23, 2010 and will expire or forfeit on or about December 31, 2017.

4. Respondent's mailing address for purposes of this action is P.O. Box 901, Deerfield, Illinois 60015.

5. RICO received a request for investigation from the Board after Respondent reported disciplinary actions by the State of Colorado.

6. Respondent provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522 (hereinafter "the Colorado Order in Case No. 2011-000522") (Exhibit "1"). The Colorado Order in Case No. 2011-000522 was based on action in Colorado and imposed a $5,000.00 fine.

7. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719 (hereinafter "the Colorado Order in Case No. 2010-003719 ") (Exhibit "2"). The Colorado Order in Case No. 2010-003719 was based on allegations related to reporting changes in pharmacist manager and imposed a $1,000.00 fine.

8. Respondent also provided a copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518 (hereinafter "the Colorado Order in Case No. 2011-000518") (Exhibit "3"). The Colorado Order in Case No. 2011-000518 was based on disciplinary action in Colorado and imposed a $5,000.00 fine.

9. RICO alleges that disciplinary action was taken against Respondent in other states.

10. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency).

11. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000522; Exhibit "2" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2010-003719; and Exhibit "3" is a true and correct copy of a Final Agency Order from the Colorado Board of Pharmacy issued to Respondent in Case No. 2011-000518.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permits.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case Numbers PHA 2015-62-L (PMP 547), PHA 2015-90-L (PMP 644) and PHA 2015-91-L (PMP 669).

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay administrative fines in the amount of TWO THOUSAND HUDNRED AND NO/100 DOLLARS ($2,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of fines shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permits shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permits to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for new permits until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for new permits pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Deerfield (CITY), IL (STATE), 4/6/16.

WALGREENS SPECIALTY PHARMACY, LLC
Respondent

By: _____ Joel Wright
Its SVP of Specialty Services

DATED: Honolulu, Hawaii, April 15, 2016.

_____
DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMITS OF WALGREENS SPECIALTY PHARMACY, LLC, INDIVIDUALLY AND DOING BUSEINSS AS WALGREENS SPECIALTY PHARMACY #12314, WALGREENS SPECIALTY PHARMACY #15438, AND WALGREENS SPECIALTY PHARMACY #15443; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "3"; CASE NO(S). PHA 2015-62-L, PHA 2015-90-L AND PHA 2015-91-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

Kerri Okamura

KERRI OKAMURA
Chairperson

4/28/16

DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

Mary Jo Keefe

MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01/15

STATE OF ILLINOIS)
) SS.
COUNTY OF LAKE)

On this 6TH day of APRIL, 2016, before me personally appeared JOEL WRIGHT, to me known to be the person described, and who executed the foregoing instrument on behalf of WALGREENS SPECIALTY PHARMACY, LLC, as its DIVISIONAL VICE PRESIDENT, and acknowledged he/she executed the same as his/her free act and deed.

This 5-page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated APRIL 6, 2016 was acknowledged before me by JOEL WRIGHT (NAME OF PERSON SIGNING THIS DOCUMENT) this 6TH day of APRIL, 2016, in the County of LAKE, in the State of ILLINOIS.

Karen A Kessler

Name: KAREN A. KESSLER
Notary Public, State of ILLINOIS

My Commission expires: 10/8/2017

OFFICIAL SEAL
KAREN A KESSLER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/08/17

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000522

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5737,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreen Specialty Pharmacy, LLC ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000522 as follows:

1. On February 19, 2008, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5737 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 9775 SW Gemini Dr., Ste. 1, Beaverton, OR 97008.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a "zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

EXHIBIT "1"

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Sherrie R Cooper
Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Washington, State of Oregon, this 29th day of September, 2010 by Sherrie R Cooper, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

My commission expires: July 2, 2012

Luanne J Mueller
Notary Public

OFFICIAL SEAL
LUANNE J MUELLER
NOTARY PUBLIC OREGON
COMMISSION NO. 430354
MY COMMISSION EXPIRES JULY 2, 2012

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 19th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-003719

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, REGISTRATION NO. OSP 5773,

RESPONDENT.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC ("Respondent") to resolve all matters pertaining to Colorado State Board of Pharmacy Case Number 2010-003719 as follows:

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order pursuant to the provisions of title 12, article 22, C.R.S., otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent has been registered as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent hereby waives any further proof in this proceeding before the Board regarding the following facts.

4. Respondent's address of record with the Board and current location is 1143 Highland Dr., Ste. D, Ann Arbor, MI 48108.

5. Respondent failed to timely submit to the Board an application detailing a change in pharmacist manager and fee. In this instance, 244 days transpired between July 15, 2009, the date the previous pharmacist manager ceased the position, and March 17, 2010, the date the application and fee were received.

6. On or about April 5, 2010, the Board initiated a complaint against Respondent because of the delay of 244 days in submitting an application detailing a change in pharmacist manager and fee.

EXHIBIT "2"

7. Respondent does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(II), C.R.S., and Regulation 5.00.70(b) and that such conduct provides grounds for disciplinary action against Respondent:

12-22-125. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Regulation 5.00.70. Change in Pharmacist Manager.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within fourteen days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

DISPOSITION

$1,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge**. Pursuant to section 12-22-125.2(5), C.R.S., Respondent shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance**. Respondent shall submit all future applications to the Board detailing changes in pharmacist manager and fees within fourteen (14) days of the previous pharmacist manager ceasing the position.

10. **Acknowledgments**. The undersigned authorized agent for Respondent has read this Stipulation and Final Agency Order in its entirety and acknowledges, whether or

not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable.

11. **Advisements and Waivers**. Respondent enters into this Stipulation and Final Agency Order freely and voluntarily, whether or not it has consulted with legal counsel. The undersigned authorized agent for Respondent acknowledges Respondent's understanding that it has the following rights:

    a. To have formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

12. **Violations**. Time is of the essence to this Stipulation and Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Stipulation and Final Agency Order. Respondent acknowledges and agrees that any violation of this Stipulation and Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Stipulation and Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Stipulation and Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Stipulation and Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Stipulation and Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Stipulation and Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Stipulation and Final Agency Order shall become effective upon signature of a Board member or representative.

11 NOV 23 P 3:50

ACCEPTED AND AGREED BY

Larry E. Niederkohr

Authorized Agent of Respondent Pharmacy

Dated: June 28, 2010

Subscribed and sworn to before me in the County of Washtenaw State of Michigan, this 28 day of June, 2010 by Larry Niederkohr, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC.

Notary Public

My commission expires:
5-4-2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an order of the Board.

DONE AND EFFECTIVE THIS 19th DAY OF July, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

11 NOV 23 P1:36

CERTIFICATE OF MAILING

This is to certify that I have mailed the within **STIPULATION AND FINAL AGENCY ORDER** to all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 25th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 28th day of June, 2010, addressed as follows:

Walgreens Specialty Pharmacy, LLC
Attn: Larry Niederhohr, RPH
1143 Highland Dr., Ste. D
Ann Arbor, MI 48108

Gary A. Peters, Esq.
Walgreen Co.
104 Wilmot Rd., MS #1447
Deerfield, IL 60015

'11 NOV 23 P1:36

Agent of the Board

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000518

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #13625, REGISTRATION NO. OSP 5004,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000518 as follows:

1. On August 7, 1998, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5004 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 7164 Technology Dr., #100, Frisco, TX 75034.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On April 14, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of April 1 through April 10, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

EXHIBIT "3"

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Authorized Agent of Respondent Pharmacy

Dated: 9-29-10

Subscribed and sworn to before me in the County of Collin, State of Texas, this 29 day of September, 2010 by Thomas Mathews, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #13625.

My commission expires: 7-26-13

Notary Public

PAMELA SEALE
My Commission Expires
July 26, 2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 18th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

Walgreens Specialty Pharmacy #16280

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Frisco 16280	Consent Order	LA BoP	Frisco #16280	10-0096	5/20/2010	Pharmacy licensing issue. Discipline from Cystic Fibrosis Service INC prior to Walgreens acquisition in 2012.	$ 5,250.00	Facility

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: **CONSENT ORDER**

CYSTIC FIBROSIS SERVICES, INC.

LOUISIANA PHARMACY PERMIT NO. 5250 **Complaint No. 10-0096**

****

CONSENT AGREEMENT

WHEREAS, **CYSTIC FIBROSIS SERVICES, INC.** (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 5250, 119 Huizar, Rear-A, San Antonio, Texas 78214, with Raymond Roland Carvajal, Louisiana License No. 17553, serving as pharmacist-in-charge, dispensed prescriptions into Louisiana without a current and valid Louisiana pharmacy permit.

WHEREAS, pursuant to information received and/or gathered by the Board which produced evidence indicating that Respondent violated the following laws and regulations by dispensing drug prescriptions to Louisiana residents without a Louisiana out-of-state pharmacy permit:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1221(B): No out-of-state pharmacy providing pharmacy services to residents of this state shall operate or maintain a pharmacy located out-of-state unless the pharmacy is issued a permit by the board.

La. R.S. 37:1232(A): A pharmacy located outside this state which does business in this state within the meaning of this Chapter, shall hold a current pharmacy permit as provided in this Chapter.

LAC 46 LIII §2319(A): Out-of-state pharmacies soliciting, receiving, and dispensing and delivering prescription drugs and devices to Louisiana residents constitutes doing business in Louisiana.

To facilitate the submission of this Consent Agreement, Respondent agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **A Letter of Warning is issued to Louisiana Pharmacy Permit No. 5250; and**

2. **Respondent is ordered to pay a fine of $5,000.00 and to reimburse the Board $250.00 for administrative costs, with total payment due the Board of $ 5,250.00, to be paid simultaneously with the execution of this Consent Agreement by Respondent.**

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

I, Raymond R. Carvajal, RPh, authorized to act on behalf of and acting on behalf of **CYSTIC FIBROSIS SERVICES, INC.,** understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

SIGNED, AGREED TO AND ENTERED ON THIS 20th DAY OF May, 2010.

CYSTIC FIBROSIS SERVICES, INC.
Louisiana Pharmacy Permit No. 5250

Raymond R. Carvajal, R.Ph
BY: Authorized Representative

WITNESS

WITNESS

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on August 11, **2010**, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Carl W. Aron
President and Hearing Officer for the Board

Lookup Detail View

Name and Address

Name	PublicAddress
Walgreens Specialty Pharmacy #16280	10530 John W Elliott Dr Ste 200 Frisco, TX 75033-2013

Credential Information with supervision

License	License Type	Issue Date	Expiration Date	Status	Pharmacist In Charge
PHY.005250-NR	Pharmacy - Nonresident	02/23/2004	12/31/2025	Current, without restriction or limitation	Robert B. Dobbins

List of Current Employees

Name	License	License Type	Expiration Date	Status
Eric B. Ally	PST.020936	Pharmacist	12/31/2025	ACTIVE
Robert B. Dobbins	PST.021189	Pharmacist	12/31/2025	ACTIVE

Prior Board Orders (may or may not be disciplinary in nature)

Case Help

File Number	Status	Date Received	Date Closed	Resolution	Action Documents
2010-96	CLOSED	04/08/2010	08/12/2010	Issued Letter of Warning; and further, assessed a fine of $5,000, and the administrative hearing fee of $250.	Orders-PHY.005250_CysticFibrosisServices_2010-0811.pdf (ViewPublicLookupDocument.aspx?DocumentIdnt=178335&GUID=A0E12C07-090E-4ADC-A4CF-3FE23CB29FC3)

CDS Schedules and Restrictions

I	II	II-N	III	III-N	IV	V	Restrictions	Alternative Privileges

Walgreens Specialty Pharmacy #1403-1

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Arafat, Manal	Consumer Complaint	NJ BoP	Orlando #1403-1	38909	10/4/2005	Consumer complaint due to dispensing error		Staff	Pharmacist
Sampat, Ojas	Board Order	KS BoP	Orlando #1403-1	22-341	12/19/2022	Failure to complete all required CE's. Required to complete additional CE's and pay fine.	$ 500.00	Staff	Pharmacist

Walgreens Specialty Pharmacy #16287

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type
Pittsburgh #10997 (99)	Agency Order	CO BoP	Pittsburgh #16287	2011-000519	10/20/2010	Failure to submit the required data to PDMP.	$ 5,500.00	Facility

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000519

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WALGREENS SPECIALTY PHARMACY, LLC, DBA WALGREENS SPECIALTY PHARMACY #10997, REGISTRATION NO. OSP 5198,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #10997 ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2011-000519 as follows:

1. On January 11, 2000, Respondent Pharmacy became registered by the Board as a non-resident prescription drug outlet in the State of Colorado and was issued Registration No. OSP 5198 ("Colorado Registration").

2. The Board has jurisdiction over Respondent Pharmacy, its Colorado Registration, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

3. Respondent Pharmacy's address of record with the Board and current location is 500 Noblestown Rd., Ste. 200, Carnegie, PA 15106.

4. Respondent Pharmacy neither admits nor denies these findings, but does not contest that the Board alleges these findings. Respondent Pharmacy hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. On January 28, 2010, Board staff initiated a Complaint against Respondent Pharmacy because it failed to comply with the data submission requirements of Colorado's Electronic Prescription Drug Monitoring Program ("PDMP") for the reporting period(s) of January 16 through January 25, 2010.

6. Respondent Pharmacy subsequently failed to submit the required data to the PDMP reporting dispensing transactions of controlled substances in the State of Colorado for the reporting period(s) of July 1 through July 10, 2010, and did not submit a

"zero" report indicating no dispensing transactions for said reporting period(s) as required by Board rule.

7. Respondent Pharmacy does not contest that the conduct described above may constitute a violation of §§12-22-125(1)(c) and 12-22-708, C.R.S. and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's Colorado Registration pursuant to Board Policy 30-8.

DISPOSITION

$5,000.00 Fine with 10% Surcharge and Terms

8. **Fine with Surcharge.** Respondent Pharmacy accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S. Respondent Pharmacy shall pay a fine of **Five Thousand Dollars and No Cents ($5,000.00).** Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of **Five Thousand, Five Hundred Dollars and No Cents ($5,500.00).** The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance with PDMP.** At all times Respondent Pharmacy is registered with the Colorado State Board of Pharmacy, it shall comply with the data submission requirements of the PDMP. Respondent Pharmacy understands and acknowledges that future violations of PDMP reporting requirements, including failure to submit a "zero" report in the event of no dispensing transactions in Colorado during the relevant reporting period, shall lead to additional penalties pursuant to Board Policy 30-8.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and

    d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments**. The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having had the opportunity to consult with its own legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations**. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability**. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record**. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date**. This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Kathleen K Kosh
Authorized Agent of Respondent Pharmacy

Dated: 9/29/2010

Subscribed and sworn to before me in the County of Allegheny, State of Pennsylvania, this 29th day of September, 2010 by LaVerne B. Roell, in his/her capacity as an authorized agent of Walgreens Specialty Pharmacy, LLC, DBA Walgreens Specialty Pharmacy #10997.

My commission expires: April 26, 2013

LaVerne B Roell
Notary Public

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
LaVerne B. Roell, Notary Public
South Fayette Twp., Allegheny County
My Commission Expires April 26, 2013
Member, Pennsylvania Association of Notaries

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 20th DAY OF October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

Walgreens Mail Service #03397

Facility

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Tempe 16583	Agency Order	CO BoP	Tempe #03397	2014-255	6/17/2014	Transferred Rx without a valid, patient-specific Rx order. Fine	$ 1,000.00	Facility	
Tempe 16583	Consent Order	OR BoP	Tempe #03397	2014-0274	2/26/2015	DUR not performed. Imposed a stayed penalty and required the implementation of a Quality Assurance Plan	$ 10,000.00	Facility	
Tempe 03397	Citation	CA BoP	Tempe #03397	CI 2014 64708	1/15/2016	Citation for improper substitution	$ 500.00	Facility	
Tempe 03397	Settlement Agreement	HI BoP	Tempe #03397	PHA 2015-60-L; PHA 2015-61-L	4/28/2016	Sister discipline from MI and OR	$ 2,000.00	Facility	
Tempe 03397	Administrative Fine	NH BoP	Tempe #03397		10/25/2017	Failure to report change of DEA number	$ 500.00	Facility	
Tempe 03397	Consent Order	AL BoP	Tempe #03397	16-L-0162	2/9/2018	Dispensing of prescription	$ 5,000.00	Facility	
Tempe 03397	Consent Order	GA BoP	Tempe #03397	2018-0063	4/18/2018	Dispensing of prescription	$ 1,600.00	Facility	
Tempe 03397	Consent Order	AZ BoP	Tempe #03397	16-0023 (aka 4469)	11/9/2018	Unprofessional Conduct	$ 1,000.00	Facility	
Tempe 03397	Consent Order	MI BoP	Tempe #03397	53-15-136819	10/14/2015	Sister discipline for OR discipline case number 2014-0274	$ 500.00	Facility	
Tempe 03397	Agreed Board Order	NY BoP	Tempe #03397	3805863	2/8/2023	Sister discipline for CO case# 2014-255	$ 500.00	Facility	

Staff

Name	Status	Agency	Facility	Case Number	Date Agreement Signed	Summary/Outcome	Fine Amount	Discipline Type	License Type
Trinh, Linda	Consent Order	AZ BoP	Tempe #03397	17-0115	6/13/2018	Unprofessional Conduct; allowed boyfriend to use her name to fill Rxs for himself and bill her insurance at their place of employment- probation for 5 years	$ 9,000.00	Staff	Pharmacist
Sidhu, Jiten	Consent Order	AZ BoP	Tempe #03397	17-0114	6/14/2018	Unprofessional Conduct; filled Rx without refills in girlfriends name for his personal use - probation for 5 years	$ 9,000.00	Staff	Pharmacist
Montgomery, Wesley	Consent Order	AZ BoP	Tempe #03397	21-0594	12/8/2021	Failure to complete required CE requirements.	$ 500.00	Staff	Pharmacy Technician
Frias Hernandez, Fernand	Consent Order	AZ BoP	Tempe #03397	23-0636	6/28/2024	Failure to disclose criminal charges to the Board of Pharmacy within 10 days as required.	$ -	Staff	Pharmacy Technician

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12230

OFFICE OF PROFESSIONAL DISCIPLINE, PROSECUTIONS DIVISION
333 EAST WASHINGTON STREET, SUITE 320, SYRACUSE, NEW YORK 13202
Tel. (315) 428-3620
Fax (315) 428-4620

Walgreen Mail Service, LLC
Registration No. 035241

File No. 3805863

STATEMENT

TO: The New York State Office of Professional Discipline
The New York State Board of Pharmacy

Respondent wishes to settle and dispose of the misconduct allegations which are pending against it, to wit: Respondent, through its agents and employees, committed unprofessional conduct by shipping drugs between pharmacies without a patient specific prescription (Respondent, on or about December 27, 2012, while doing business as the Walgreen Mail Service, admitted that, through it's agents and employees, it furnished drugs from an out of state Walgreens Store to a Walgreens Store in the State of Colorado without a patient specific prescription, in violation of section 6509(9) of the New York State Education Law, in specific violation of 8 NYCRR section 29.2(a)(12).

For the purposes of settlement, Respondent does not contest said allegations. Respondent understands that this settlement will be a matter of public record. Respondent's check in the sum of $500.00, made payable to the New York State Education Department, is enclosed.

Signature

2-8-23
Date

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE, PROSECUTIONS DIVISION
333 EAST WASHINGTON STREET, SUITE 527, SYRACUSE, NEW YORK 13202
Tel. (315) 428-3260
Fax (315) 428-4620

January 23, 2023

Alika Moitra, Pharm D.,J.D.
Senior Counsel, Pharmacy
Walgreens
104 Wilmot Road
Deerfield, Illinois

RE: Walgreen Mail Service, LLC, OPD file #3805863

Dear Ms. Moitra:

I am writing pursuant to our discussion concerning the outcome of the Informal Settlement Conference held on December 1, 2022. As you know, the facilitator and a member of the State Board of Pharmacy determined that this matter, based on reciprocal disciplines, could be resolved as a minor and technical violation. Based on their recommendation, I am authorized to offer your client a settlement consisting of a five hundred dollar ($500.00) fine.

If you are interested in such a resolution, please obtain the required signature (and ask the appropriate party to provide name and title) on the enclosed form and return it to me along with your check for $500.00. The check should be payable to the "New York State Education Department" by **February 20, 2023.**

In the event that your client does not remit the aforesaid payment, we will proceed in this matter with a full hearing. Please be advised that, while the settlement is nor posted on the Education Department website, the proposed settlement of this matter would be a matter of public record.

If you have any questions, I may be contacted at (315) 428-3260.

Thank you for your prompt attention to this matter.

Very truly yours,

Walter P. Bowler

Walter P. Bowler
Prosecuting Attorney

WPB:
Enc.

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12230

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Walter P. Bowler
Prosecuting Attorney

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Signature Date

IN THE MATTER OF:	)	
	)	BEFORE THE ALABAMA STATE
WALGREENS MAIL SERVICE, LLC	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy	)	CASE NO: 16-L-0162
Permit Number: 110442	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Walgreens Mail Service, LLC ("Walgreens") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Walgreens through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that Walgreens has violated the provisions of law based upon the conduct set out in all Counts of the Statement.

2. Walgreens shall pay an administrative fine in the amount of Five Thousand Dollars ($5,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Walgreens attempt to discharge the same.

3. Walgreens expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and

Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Walgreens further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Walgreens hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Walgreens acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Walgreens' permit, including, but not limited to revocation. The Board shall take no action based on another state imposing any discipline based upon the actions set out in Counts 3, 5, 6, 7 and 8 of the Statement of Charges; provided, however the Board can initiate disciplinary proceedings in the event Walgreens is disciplined for its failure to disclose/report the discipline set out in the aforementioned Counts when required to do so.

6. Walgreens acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Walgreens acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of

DONE this the 8 of Feb, 2018.

Walgreens Mail Service, LLC

BY: _____

ITS: AVP Mail Order-Operations

_____

Roger N. Morris, attorney for Walgreens Mail Service, LLC

DONE this the 9th of February, 2018.

ALABAMA STATE BOARD OF PHARMACY

By: _____

David Darby, R.Ph., President

By: _____

James S. Ward,
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 0015072
1275 W. Washington, SGD/LES
Phoenix, Arizona 85007-2997
Tel: (602) 542-7983
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **WALGREENS MAIL SERVICE, INC.** Holder of Permit No. Y002628 As a Pharmacy In the State of Arizona	Board Case No. 16-0023 (aka 4469) **CONSENT AGREEMENT FOR CIVIL PENALTY**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Walgreens Mail Service, Inc. ("Respondent"), holder of permit no. Y002628 in the State of Arizona, and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that it has a right to a public administrative hearing concerning this matter at which hearing it could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against it.

5. Respondent understands this Consent Agreement deals with Board complaint number 16-0023 (aka 4469) involving allegations of unprofessional conduct against Respondent. The investigation into these allegations against Respondent shall be concluded upon the Board's adoption of this Consent Agreement and Respondent's compliance with the same.

6. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

7. Respondent also understands that acceptance of this Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting any other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

8. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, it may not

revoke its acceptance of the Consent Agreement or make any modifications to the document regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed to by the parties in writing.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(A)(19), -1927.02(A) (1).

13. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

On behalf of Walgreens Mail Service, Inc. Dated: 10/29/18

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of pharmacy permit number S002628 in the State of Arizona for the operation of Walgreens Mail Service located 8350 S. River Parkway, Tempe, AZ.

4. The complaint was filed by Melodie Moore, Investigation Specialist II for the Florida Board of Pharmacy, concerning patient R.T., a Florida resident.

5. On or about October 22, 2014, R.T. was dispensed Morphine Sulfate with a label that read "**Take 5 to 10ml by mouth every 4 hours as needed**." However, the prescription was written for **Roxanol (Morphine) 20mg/ml, take 5-10mg by mouth every 4 hours as needed**. Walgreens pharmacist, Marilyn Myers PharmD, who was a work-at-home pharmacist for Walgreens Mail Service, provided the incorrect dosing instructions.

6. On or about October 24, 2014, R.T. expired with a cause of death determined to be morphine overdose. Had this matter proceeded to formal hearing it is Walgreens' position that it would offer evidence that R.T.'s death was due to something other than a morphine overdose.

7. The prescription was scanned at Walgreens Drug #6263 in Lake City, FL.

8. The prescription was data entered by CA, a technician at Walgreens Drug #6263.

9. Prescription drug utilization review was completed by L.H., a pharmacist located at Walgreens' central operation in Orlando, FL during which time L.H. discovered the error (i.e. the incorrect dosing on the label). L.H. immediately called the pharmacy but there was no answer so she deleted the prescription in an effort to keep the prescription from being sold. L.H. also sent an email advising of the labeling error.

10. According to Walgreens' records, the deletion of the prescription and the sale of the medication occurred simultaneously; the deletion of the prescription did not prevent the sale of the medication. The patient received the medication with the incorrect dosing directions.

11. During the complaint investigation at Walgreens Mail Service on December 15, 2015, records of order verification for this transaction were not available for review at that location because the prescription had been closed.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a permittee that has engaged in unprofessional conduct. A.R.S. § 32-1927.02(A) (1).

3. The conduct and circumstances described above constitute a violation of A.R.S. §32-1901.01(A)(5), which is violating a federal or state law or administrative rule relating to the manufacture, sale or distribution of drugs, narcotics, dangerous drugs,

controlled substances or precursor chemicals and Arizona Administrative Code R4-23-621(D)(1), which requires that a pharmacy permittee engaged in shared services shall: (1) maintain manual or electronic records that identify, individually for each order processed, the name, initials, or identification code of each pharmacist, graduate intern, pharmacy intern, pharmacy technician, and pharmacy technician trainee who took part in the order interpretation, order entry verification, drug utilization review, drug compatibility and drug allergy review, final order verification, therapeutic intervention or refill authorization functions performed at that pharmacy.

ORDER

Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED THAT Respondent shall pay a civil penalty to the Board in the amount of **$1,000.00** within **30 days** of the effective date of this Order.

If Respondent violates this Order in any way or fails to fulfill the requirements of this Order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against Respondent's permit. The issue at such a hearing will be limited solely to whether this Order has been violated.

DATED this _____ day of _____, 2017.

ARIZONA STATE BOARD OF PHARMACY

(Seal)

By: _____
Kamlesh Gandhi, PharmD.,
Executive Director

ORIGINAL OF THE FOREGOING FILED
this _____ day of _____, 2017, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this _____ day of _____, 2017,

Walgreens Mail Service, Inc.
8350 S. River Parkway
Tempe, AZ 85284
COPY OF THE FOREGOING MAILED
this _____ day of _____, 2017, to:

Christine Cassetta
Quarles & Brady, LLP
2 N. Central Avenue, Suite 3
Phoenix, AZ 85004
Attorney for the Respondent

Jeanne M. Galvin
Assistant Attorney General
1275 W. Washington Street, SGD/LES
Phoenix, Arizona 85007
Attorney for the Board

Doc # 5154276

EXHIBIT E

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number: CI 2014 64708
Name, License No: WALGREENS MAIL SERVICE INC, NRP 1584

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4073 subd. (c)	Substitution of Generic Drug —Requirements and Exceptions; within the discretion of the pharmacist	$500.00

CONDUCT:

Business and Professions Code Section 4073 (c) states in pertinent part, In no case shall the pharmacist select a drug product pursuant to this section unless the drug product selected costs the patient less that the prescribed drug product. Walgreens Mail Order was not compliant. Specifically, Walgreens Mail order NRP 1584, located at 8350 River Parkway, Tempe Arizona substituted a generic drug product Vestura for Yaz to patient SS and the generic cost her $90.00 instead of $0.00 copay for the brand name product. This was a violation of pharmacy law.

CITATION ISSUED ON: January 15, 2016

TOTAL AMOUNT OF FINE(S): $500.00

PAYMENT OF FINE(S) DUE BY: February 14, 2016

BEFORE THE GEORGIA STATE BOARD OF PHARMACY

IN THE MATTER OF:	*	
	*	
ALLIANCERX WALGREENS	*	
PRIME #03397	*	
License No. PHNR001128	*	
	*	**DOCKET NO.**
Respondent	*	

PUBLIC CONSENT ORDER

By agreement of the Georgia State Board of Pharmacy ("Board") and ALLIANCERX WALGREENS PRIME #03397 ("Respondent"), the following disposition of this matter is entered pursuant to the provisions of O.C.G.A. § 50-13-13(a)(4).

FINDINGS OF FACT

1.

Respondent is licensed to operate as a non-resident pharmacy in the State of Georgia. The license was issued March 1, 2017, and expires June 30, 2019.

2.

On or about October 23, 2017, Patient J.M.B. sent a refill request for Metoprolol to Respondent. On or about October 25, 2017, Respondent shipped the medication. On November 6, 2017, the patient informed Respondent that she had not received the Metoprolol prescription. The pharmacy technician who processed the inquiry failed to follow Respondent's standard operating procedure and failed to comply with Board Rule 480-48.-02(4)(d) to ensure that the patient received a replacement via next-day delivery or by immediate arranging for a seven-day supply of the medication through a licensed pharmacy of the patient's choice.

3.

On or about November 20, 2017, Respondent again called to report that she still did not receive the Metoprolol prescription. On or about November 21, 2017, Respondent shipped out the Metoprolol prescription using standard shipping, again violating Respondent's standard operating procedure and the Board rule.

4.

Respondent waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

Under O.C.G.A. T. 26, Ch. 4 and § 43-1-19, the Georgia State Board of Pharmacy is authorized to discipline the Respondent's license to operate as a pharmacy for the conduct stated above. Respondent waives any further conclusions of law with respect to this matter.

ORDER

The Board having considered the particular facts and circumstances of this case, it is hereby ORDERED, and the Respondent hereby AGREES, that Respondent's license shall be disciplined as follows:

1.

The Respondent shall submit to the Board a fine in the amount of $1,600.00 for failure to follow the requirements in Rule 480-48-02(d), on two separate occasions. Such fine shall be payable within sixty (60) days from the effective date of this Consent Order. Payment shall be in the form of a cashier's check or money order made payable to the Georgia State Board of Pharmacy. The Respondent's failure to pay such fine by the sixtieth day shall subject Respondent's license to further disciplinary action, including revocation.

2.

In addition to and in conjunction with any other sanction contained herein, this Consent Order and dissemination thereof shall serve as a public reprimand to the Respondent.

3.

Approval of this Consent Order by the Georgia State Board of Pharmacy shall in no way be construed as condoning the Respondent's alleged conduct, and shall not

be construed as a waiver of any of the lawful rights possessed by the Board. This Consent Order shall not become effective until approved and docketed by the Georgia State Board of Pharmacy.

4.

Agent of Respondent, AllianceRx Walgreens Prime #03397, acknowledges that Respondent has read this Consent Order and understands its contents. Respondent understands that there is a right to a hearing in this matter, and Respondent freely, knowingly and voluntarily waives such right by entering into this Consent Order. Respondent understands that this Consent Order will not become effective until approved and docketed by the Georgia State Board of Pharmacy. Respondent further understands and agrees that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order, once approved, shall constitute a public record which may be disseminated as a disciplinary action of the Board. If this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding, or prejudice the ability of the Board to adjudicate this matter. Respondent consents to the terms and sanctions contained herein.

Approved, this 18th day of April, 2018.

GEORGIA STATE BOARD OF PHARMACY

BY: _____
CHRISTOPHER M. JONES, PharmD.
President

ATTEST: _____
TANJA D. BATTLE
Executive Director

(BOARD SEAL)

(signatures continue on following page)

CONSENTED TO:

AGENT, ON BEHALF OF
Respondent
AllianceRx Walgreens Prime #03397

AS TO SIGNATURE OF AGENT ON BEHALF OF RESPONDENT
Sworn to and subscribed before me
this 26th day of March, 2018.

NOTARY PUBLIC
My commission expires: Sept 23, 2019

LYLEANNE STRAWN
NOTARY PUBLIC, ARIZONA
MARICOPA COUNTY
My Commission Expires
September 23, 2019

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permits of	)	PHA 2015-60-L AND PHA 2015-61-L
WALGREENS MAIL SERVICE, INC.,	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER;
Respondent.	)	EXHIBITS "1" THROUGH "4"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s), and Respondent WALGREENS MAIL SERVICE, INC. (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 64. The license was issued on or about March 14, 1996 and will expire or forfeit on or about December 31, 2017.

2. At all relevant times herein, Respondent was permitted by the Board as a miscellaneous permit holder under permit number PMP 399. The license was issued on or about October 8, 2004 and will expire or forfeit on or about December 31, 2017.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein permitted as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permits and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents Exhibit "1" is a true and correct copy of a Consent Order from the Oregon Board of Pharmacy issued to Respondent in Case No. 2014-0274; Exhibit "2" is a true and correct copy of a Consent Order and Stipulation from the Michigan Board of Pharmacy issued to Respondent in File Number: 53-12-123487; Exhibit "3" is a true and correct copy of a Consent Order from the Michigan Board of Pharmacy issued to Respondent in File Number: 53-15-136819; and Exhibit "4" is a true and correct copy of a Consent Order from the Michigan Board of Pharmacy issued to Respondent in File Number: 53-14-134124.

6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permits.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case Numbers PHA 2015-60-L (PMP 64) and PHA 2015-61-L (PMP 399).

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

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C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay administrative fines in the amount of TWO THOUSAND AND NO/100 DOLLARS ($2,000.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of fines shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 above, Respondent's permits shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permits to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for new permits until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for new permits pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of pharmacies in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5, C.6, C.7 and C.8 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Tempe (CITY), AZ (STATE), 3/25/11

WALGREENS MAIL SERVICE, INC.
Respondent

By: _____
Regional Manager

DATED: Honolulu, Hawaii, _____

_____
DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMITS OF WALGREENS MAIL SERVICE, INC.; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" THROUGH "4"; CASE NOS. PHA 2015-60-L AND PHA 2015-61-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

KERRI OKAMURA
Chairperson

DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01/15

STATE OF ARIZONA)
) SS
COUNTY OF MARICOPA)

On this 25 day of MARCH, 2016 before me personally appeared DARREN KENNEDY, to me known to be the person described, and who executed the foregoing instrument on behalf of WALGREENS MAIL SERVICE, as its REGIONAL MANAGER, and acknowledged (he)/she executed the same as (his)/her free act and deed.

This SIX (6)-page *Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order* document dated MARCH 25, 2016 was acknowledged before me by DARREN KENNEDY (NAME OF PERSON SIGNING THIS DOCUMENT) this 25 day of MARCH, 2016 in the County of MARICOPA in the State of ARIZONA.

Name: STEPHANIE C PERRY
Notary Public, State of ARIZONA
My Commission expires: 09/01/16

OFFICIAL SEAL
STEPHANIE C PERRY
NOTARY PUBLIC - State of Arizona
MARICOPA COUNTY
My Comm. Expires September 1, 2016

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS
BOARD OF PHARMACY
121 South Fruit Street, Suite 401
Concord, NH 03301-2412
Phone 603-271-2350 · Fax 603-271-2856
www.oplc.nh.gov/pharmacy

OPLC
Peter Danles
Executive Director
Joseph Shoemaker
Director, Health Professions

Board of Pharmacy
Michael D. Bullek, R.Ph.
Administrator / Chief of Compliance
Jason R. Richard
Licensing Supervisor

September 26th, 2017

Walgreens Mail Service LLC
8350 S. River Parkway
Tempe, AZ. 85284
Attention: Pharmacist in Charge

CERTIFIED MAIL and FIRST CLASS MAIL

NOTICE OF VIOLATION

To whom it may concern;

The Board received notification from the Prescription Drug Monitoring Program that Walgreens Mail Service, LLC, 8350 S. River Parkway, Tempe, Arizona, holding a New Hampshire non-resident pharmacy permit NR0029 had updated the DEA number associated with this facility. New Hampshire rules state any change to original application must notify the Board within 15 days of change. I refer to the following rule:

> Ph 306.02 Reporting Changes. The person to whom a permit to operate a pharmacy in New Hampshire has been issued shall, within 15 days of that person's discovery of a change in any of the data contained in the application for an original or renewal permit, report that change to the board in writing.

Under RSA 318:29 and RSA 318:55, the Board may impose civil penalties "not to exceed $5,000 per violation upon any person who willfully or repeatedly violates any provision of this chapter." It appears that by engaging in the conduct described above, you may have violated both Ph306.02 and Ph704.12 by not notifying the Board within 15 days that you ceased performing the duties of Pharmacist –In-Charge.

The Board sees fit to use its discretion to propose an administrative fine of **$500.00**. You have the following two options upon receipt of this Notice. First, you can waive the right to a hearing and pay the proposed fine. If you choose to do so, please pay $500.00 within thirty (30) days of the receipt of this Notice, and remit payment to Treasurer, State of New Hampshire. Second, you may request a hearing on the matter. If you do so, your request for a hearing must be received within 30 days of receipt of this Notice. The Board will thereafter schedule a hearing on the matter.

If you have any questions, please don't hesitate to contact this office at (603)-271-2350.

Dated: 10/25/17

Walgreens Pharmacist in Charge

Dated: September 26th, 2017

Michael D. Bullek, BSP, R. Ph
Administrator/Chief of Compliance
Authorized Representative of the
New Hampshire Board of Pharmacy

_*/ Board Member recused

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2014-255

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF WALGREENS MAIL SERVICE, INC., REGISTRATION NO. OSP 5062,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Walgreens Mail Service, Inc. ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2014-255, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2013).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about August 10, 1998, being issued registration number OSP 5062, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 8350 South River Parkway, Tempe, Arizona 85284.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. In or about December 2012, the Board mailed an affidavit to Respondent Pharmacy and requested that Respondent Pharmacy sign the affidavit to confirm that Respondent Pharmacy is aware of Colorado law and that it will not distribute prescription drugs into Colorado without valid, patient-specific prescription orders. The affidavit was signed by Respondent Pharmacy on December 27, 2012.

6. Respondent Pharmacy distributed a prescription drug into Colorado without a valid, patient-specific prescription order.

7. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-124. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

12-42.5-130. Nonresident prescription drug outlet--registration

(2) The registration requirements of this section apply only to a nonresident prescription drug outlet that only ships, mails, or delivers, in any manner, drugs and devices into this state pursuant to a prescription order.

8. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

9. **Fine with Surcharge.** Pursuant to §12-42.5-124(5)(a)(I), C.R.S., Respondent Pharmacy shall pay a fine of One Thousand Dollars and No Cents ($1,000.00) Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents ($1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

10. **Compliance.** Respondent Pharmacy shall only dispense and deliver prescriptions into Colorado pursuant to valid, patient-specific prescription orders.

11. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

    a. promptly pay all its own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

b. To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

14. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

18. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Operations MGR
Authorized Representative / Title

Dated: 5/27/14

Subscribed and sworn to before me in the County of MARICOPA, State of ARIZONA, this 27 day of MAY, 2014 by DARREN KENNEDY, in his/her capacity as an authorized agent of Walgreens Mail Service, Inc.

OFFICIAL SEAL
STEPHANIE C PERRY
NOTARY PUBLIC - State of Arizona
MARICOPA COUNTY
My Comm. Expires September 1, 2016

Notary Public

My commission expires: SEPTEMBER 1, 2016

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 17th day of June, 2014.

State Board of Pharmacy

BY:

Chris Gassen
Program Director

RECEIVED
MAR 04 2015
OREGON BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration of	)	Case No. 2014-0274
WALGREENS MAIL SERVICES, INC dba: WALGREENS MAIL SERVICES	)	CONSENT ORDER
Registrant	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay the Board a civil penalty in the amount of $10,000. The $10,000 civil penalty shall be stayed with compliance with this Consent Order and the submission and implementation of a Quality Assurance Plan acceptable to the Board to correct violations as noted in Notice. Quality Assurance Plan along with a copy of this order to be submitted within ten days from the date this Consent Order becomes final.

2. The Quality Assurance Plan is to include a policy and procedure requiring the performance of a Drug Utilization Review by a pharmacist prior to each dispensing of a prescription and registrant monitoring of compliance with the policy and procedure.

3. The Pharmacist-in-Charge will submit a quarterly report that will include the weekly totals of all new and refill prescriptions and the number of documented DURs performed by a pharmacist on each new and refilled prescription for one year.

4. Documentation of any additional training for the pharmacist as need if the policy is not followed.

5. Quarterly reports are to be submitted within 15 days prior to May 1, August 1, November 1, and February 1 with the final report due one from the date this Consent Order becomes final.

6. Failure of the registrant to comply with the sanctions of this Consent Order may, after notice and hearing, result in further disciplinary action.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I further certify that I have read and understand the Notice and this Consent Order and am aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Boards final order. On behalf of the registrant I agree to the Board entering the Consent Order.

2/26/15

Authorized Representative
Walgreens Mail Services, Inc., dba
Walgreens Mail Services
Registrant (Reg. No. RP-0001425)

Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

3/9/15

Gary Miner, R.Ph.
Compliance Director

Date

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration of	)	Case No. 2014-0274
WALGREENS MAIL SERVICES, INC. dba: WALGREENS MAIL SERVICES	)	NOTICE OF PROPOSED DISCIPLINARY ACTION; ANSWER REQUIRED
Registrant	)	

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0001425 because Walgreens Mail Services, Inc violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

On or about 6/16/2014, Walgreens Mail Services dispensed a patient's simvastatin prescription through the Registrant's automatic refill program after the pharmacy received a new atorvastatin prescription for the patient on 6/3/2014. A pharmacist did not perform a drug utilization review on 6/16/2014 when dispensing the simvastatin. In this investigation, the registrant reported that a pharmacist was not performing a drug utilization review on some prescription refills.

The above conduct is in violation of OAR 855-041-1040(2), OAR 855-019-0220(3), and OAR 855-019-0210(1), which is a ground for discipline pursuant to ORS 689.405(1)(e)(B).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of $10,000 per violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to

the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

- (a) An admission or denial of each factual matter alleged in the notice;
- (b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

- (a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;
- (b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;
- (c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and
- (d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

_____ 12/10/14
Gary Miner, R.Ph., Date
Compliance Director

DATE OF MAILING 12/10/2014

KRISTIN K. MAYES
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
SETH T. HARGRAVES
Assistant Attorney General
State Bar No. 020176
2005 N. Central Ave., SGD/LES
Phoenix, Arizona 85004-1592
Tel: (602) 542-7983
Tel: (602) 542-7672
Fax: (602) 364-3202
Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **FERNANDO ESTEBAN FRIAS HERNANDEZ** Holder of License No T075057 As a Pharmacy Technician In the State of Arizona Respondent	Case No. 23-0636 **CONSENT AGREEMENT AND ORDER FOR PROBATION OF LICENSE WITH MONITORING**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et seq.*, Fernando Esteban Frias Hernandez ("Respondent"), holder of license no. T075057 as a pharmacy technician in the State of Arizona, and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that he has a right to a public administrative hearing concerning this matter at which hearing he could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against him.

5. Respondent understands this Consent Agreement deals with allegations of unprofessional conduct against Respondent. The investigation into these allegations against Respondent shall be concluded upon the Board's adoption of this Consent Agreement.

6. Respondent acknowledges and agrees that the acceptance of this Consent Agreement is solely to settle this Board matter and does not preclude the Board from instituting other proceedings as may be appropriate now or in the future.

7. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

8. Furthermore, and notwithstanding any language in this Consent Agreement, this Consent Agreement does not preclude in any way any other state agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter other matters concerning Respondent, including violations of the Arizona's Consumer Fraud Act. Respondent acknowledges that, other than with respect to the Board, this Consent Agreement makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivision of the state relating to this matter or other matters concerning Respondent.

9. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, he may not revoke acceptance of the Consent Agreement or make any modifications to the document regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

10. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

11. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

12. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

13. The parties understand and agree that Portable Document Format and facsimile copies of this Consent Agreement including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

14. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(C)(16) and A.R.S. §32-1927.01(A)(1).

15. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

Fernando Frias

Dated: 06/26/2024

Fernando Esteban Frias Hernandez (T075057)
Pharmacy Technician/Respondent

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of Pharmacy Technician License No. T075057, in the State of Arizona. Respondent has been licensed as a Technician since December 8, 2021.

3. On or about November 9, 2023, the Board received a notice from the Arizona Department of Public Safety ("DPS") indicating that on or about November 1,

2023, Respondent had been arrested and/or fingerprinted by the Mesa Police Department on Two Counts of Misdemeanor DUI for an offense that occurred on December 3, 2022.

4. Charges of DUI; Alcohol, Drugs, Toxic Vapor, and DUI Drugs or Metabolite were filed against Respondent on November 1, 2023 in Mesa Municipal Court Case 2023058208.

5. Pursuant to A.R.S. § 32-3208(A), a health professional who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony after receiving or renewing a license or certificate must notify the health professional's regulatory board in writing within ten working days after the charge is filed.

6. Respondent failed to disclose his criminal charges to the Board within ten working days as required by A.R.S. § 32-3208.

7. On November 30, 2023, Board sent a complaint notice and a subpoena to Respondent at his address of record (by electronic, certified and regular mail), notifying him that the Board had received the DPS notification, opened a complaint, and requested that he respond and provide a written explanation of the criminal charge, as well as copies of police and court records by December 6, 2023. Respondent did not respond until December 13, 2023.

8. According to the police records provided by Respondent, he was the subject of a traffic stop on December 3, 2022 at approximately 7:01 pm. During the stop Respondent admitted that he had used marijuana flower earlier in the day, smoking two bowls but was unsure about the THC percentage. Respondent was arrested and later released to his wife.

9. Additional information reported by Respondent regarding his marijuana use is contained within the Board's files and for privacy reasons will not be detailed in this pleading, however, the information detailed in the records raised concerns about

Respondent's ability to safely practice, and serves, in part, as a basis for the issuance of an Interim Order.

10. On his September 2023 license renewal application, Respondent answered "No" to the question whether he had been arrested, charged, pled guilty or convicted of a felony or misdemeanor offense since his last renewal. He did not disclose his December 3, 2022 arrest.

11. On February 21, 2024, pursuant to A.R.S. §32-1927.01(F), the Board issued an Interim Order for a Substance Use Evaluation & Fitness for Duty Component.

12. Respondent timely complied with the Interim Order and the evaluation was conducted by Monica Faria, M.D. The evaluation report containing Dr. Faria's findings and recommendations are contained in the Board's files.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a Pharmacy Technician, who has engaged in unprofessional conduct. A.R.S. §32-1927.01(A)(1).

3. The Board is authorized to enter into a Consent Agreement with a licensee to restrict the professional's practice to protect the public and ensure that the professional is able to safely engage in the practice of pharmacy in Arizona. A.R.S. § 32-1927.

4. Pursuant to A.R.S. §32-1932.01(D), a licensee who is impaired by alcohol or drug abuse may enter into a stipulation order with the board, or the license may be placed on probation or be subject to other action as provide by law.

5. The conduct and circumstances described above violate the notification requirements of A.R.S. § 32-3208(A), which constitute an act of unprofessional conduct under A.R.S. § 32-3208(D).

6. Respondent's failure to timely comply with the Board's subpoena, as described above, constitutes an act of unprofessional conduct under A.R.S. § 32-1901.01(C)(17) "Failing to comply with a board subpoena or failing to comply in a timely manner with a board subpoena without providing any explanation to the board for not complying with the subpoena."

7. Respondent's failure to disclose his 2022 arrest on his 2023 renewal application, as described above, constitutes an act of unprofessional conduct under A.R.S. § 32-1901.01(C)(3) "Obtaining or attempting to obtain a pharmacy technician or pharmacy technician trainee license or a pharmacy technician license renewal by fraud, by misrepresentation or by knowingly taking advantage of the mistake of another person or an agency."

8. Respondent's failure to disclose his 2022 arrest on his 2023 renewal application, as described above, constitutes an act of unprofessional conduct under A.R.S. § 32-1901.01(C)(13) "Knowingly filing with the board any application, renewal or other document that contains false or misleading information."

9. Respondent's failure to disclose his 2022 arrest on his 2023 renewal application, as described above, constitutes an act of unprofessional conduct under A.R.S. § 32-1901.01(C)(14) "Providing false or misleading information or omitting material information in any communication to the board or the board's employees or agents."

ORDER

Based on the Findings of Fact and Conclusions of Law, the Board under issues the following Order:

IT IS HEREBY ORDERED THAT:

1. Respondent's license shall be placed on **PROBATION** for a minimum period of one (1) year from the effective date of this Consent Agreement. The effective

date of the Consent Agreement is the date that it is signed by the Executive Director. The period of **PROBATION** is subject to the following terms and conditions:

2. Within five (5) days of the effective date of this Consent Agreement, Respondent shall enter into a rehabilitation and monitoring contract with one of the following two (2) providers. Prior to entering into the contract, Respondent shall ensure that the provider is able and willing to comply with all the requirements of this Order:

Arizona Pharmacy Foundation: Professionals Assisting Professionals
1845 E. Southern Ave.
Tempe, AZ 85282-5831
480-207-7869
https://azpharmacy.org/papa/

Community Bridges, Inc, - Professional Medical Monitoring Program
1855 W. Baseline Rd., Ste 101
Mesa, AZ 85202
480-990-3111 or 480-343-2158
Contact: Kristy Cole, Program Manager

3. Within five (5) business days of entering into a contract with one of the providers referenced above, Respondent shall provide the provider with a copy of this Consent Agreement, and notify the Board in writing of the provider with whom he has contracted.

4. Respondent shall ensure that within ten (10) business days of entering into a contract with one of the providers referenced above, the selected provider confirm in writing to the Board that they have received a copy of this Order and are willing and able to comply with all the requirements of this Order.

5. Respondent's written rehabilitation and monitoring contract with one of the entities set forth above shall extend for the entire term of his probation under this Consent Agreement. Respondent shall abide by each and every requirement of the contract, including 12 to 24 random drug screens per year; two weekly 12-step meetings; and

continuous abstention from all drugs of abuse as well as cannabis. Failure to participate in the rehabilitation and monitoring program, complete the program or to abide by the contract's terms is a violation of this Order.

6. Respondent shall advise the Board immediately (within 24 hours) of any missed (excused or not) drug screen, or 12-step meeting. Respondent shall also require the provider to notify the Board in writing within five (5) days of any missed (excused or not) drug screen, or 12-step meeting, and if excused, the reasons for excusing the absence.

7. Respondent shall execute all appropriate releases of information forms to permit the Respondent's treatment professionals to communicate with the Board regarding Respondent's treatment and monitoring.

8. Respondent shall pay all necessary fees and expenses relating to this probation, including all costs associated with the treatment and monitoring contract.

9. Respondent shall furnish all pharmacy employers with a copy of this Consent Agreement throughout the term of probation. Respondent shall ensure that all future pharmacy employers submit to the Board a written acknowledgement that they have received a copy of this Consent Agreement within ten (10) days of entering into an employment relationship with Respondent. Respondent shall advise the Board immediately (within 24 hours) of any change in pharmacy employment status throughout the term of his probation. Respondent shall update his online profile AND provide written notification to the Board within five (5) days of any change in pharmacy employment status.

10. Within five (5) days of the effective date of this Consent Agreement, Respondent shall furnish the Board with a list of all jurisdictions in which he maintains or has maintained licensure in the profession of pharmacy along with the registration numbers of said licenses.

11. Respondent shall obey all federal and state laws and rules governing the practice of pharmacy

12. Throughout the term of Respondent's probation, Respondent shall personally appear before the Board when requested to do so by the Board or Board staff.

13. **If during the pendency of this matter Respondent fails to renew his license, the license shall not expire but rather be automatically suspended until such time as Respondent files for renewal.**

14. The probationary term imposed by this Order shall not terminate unless and until Respondent submits a written request to the Board seeking termination of his probation, and provide written proof of completion of the requirements of this Agreement and Order. Respondent shall appear before the Board at a regularly scheduled Board meeting approximately one year after the effective date of this Order to request that the probation imposed by this Order be terminated. Respondent's failure to petition the Board to terminate the probation shall extend the probation period. Whether to lift/terminate the probation is within the sole discretion of the Board.

15. Failure to comply with any provision of this Consent Agreement is an act of unprofessional conduct pursuant to A.R.S. §32-1901.01(C)(16), which is violating a formal order, terms of probation, a consent agreement or a stipulation issued or entered into by the Board.

16. If Respondent violates this Order in any way or fails to fulfill the requirements of this Order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against Respondent's license. The issue at such a hearing will be limited solely to whether this Order has been violated.

BOARD ACCEPTS, SIGNS AND DATES THIS CONSENT AGREEMENT

Dated this 28th day of June, 2024.

By: Kam Gandhi
KAMLESH GANDHI, PharmD
Executive Director
Arizona State Board of Pharmacy

ORIGINAL of the foregoing filed this 28th day of June, 2024 with:

Arizona State Board of Pharmacy
1110 W. Washington St., Ste. 260
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED BY ELECTRONIC, REGULAR AND CERTIFIED MAIL this 28th day of June, 2024, to:

Fernando Esteban Frias Hernandez
[redacted]
Phoenix, AZ [redacted]
[redacted]@yahoo.com

EXECUTED COPY OF THE FOREGOING E-MAILED this 28th day of June, 2024 to:

Jeanne M. Galvin
Seth T. Hargraves
Assistant Attorney General
2005 N. Central Ave, SGD/LES
Phoenix, Arizona 85004
Attorneys for the State
LicensingEnforcement@azag.gov

JMitchell
Doc #12091196

RICHARD J. CODEY
Acting Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

PETER C. HARVEY
Attorney General

KIMBERLY S. RICKETTS
Director

Mailing Address:
P.O Box 45013
Newark, NJ 07101
(973) 504-6450

October 4, 2005

By Certified and Regular Mail

Manal Arafat
Duane Reade
707 Broad Street
Newark, NJ 07102-4101

Re: Complaint [redacted]
33909

Dear Ms. Arafat:

This letter is to advise you that the New Jersey State Board of Pharmacy (the "Board") has had an opportunity to review information concerning your practice of pharmacy following an investigation that uncovered the following infractions of the law and regulations:

The Board determined to fine you, the dispensing pharmacist, $200.00, for the medication error. In addition, you must complete two (2) Board approved continuing education modules on medication errors. The completion of these modules will not be considered as part of the biennial continuing education requirment.

The Board has determined that it will first offer you an opportunity to settle this matter and thereby avoid the initiation of formal disciplinary proceedings. Should you wish to avail yourself of this opportunity, you should sign the acknowledgment below and agree to the following:

pay a penalty in the amount of $200.00 (to be paid immediately upon your signing of the acknowledgment at the bottom of this letter), and **Letter of Correction.**

Alternatively, you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. Any disposition by way a settlement will be a public record, and will have the same effect as an order of the Board. Any failure to comply with the terms to which you agree will be deemed a violation.

October 4, 2005

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you either personally or with the assistance of an attorney will have an opportunity to respond to the charges and submit evidence and present testimony as may be necessary in order for the Board to make a final determination concerning the charges of unlawful activity.

You should be aware that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order requiring you to pay costs incurred in the matter.

Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact The Board of Pharmacy, at (973) 504-6450.

The enclosed certification should be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within fifteen (15) days, the Board's settlement offer will be withdrawn, and you will be deemed in default. The allegations against you will be deemed uncontested. The Board will then proceed to schedule the matter for final review and will enter an appropriate order. Once an order has been entered, your failure to pay any penalties may result in further action to suspend or revoke your license.

NEW JERSEY STATE
BOARD OF PHARMACY

By: _____
Joanne Boyer, R.Ph.
Executive Director

cc: Marianne Greenwald, Deputy Attorney General
Frank Manicone, Pharmacy Operations

CERTIFIED MAIL/C.R.R.R.
7005 0390 0000 7172 3956

7005 0390 0000 7172 3963

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

GURBIR S. GREWAL
Attorney General

PAUL R. RODRÍGUEZ
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

October 18, 2018

Manal Arafat
[redacted]

Dear Manal Arafat:

Enclosed is the Uniform Penalty Letter regarding Consumer Complaint # 38909 dated October 4, 2005.

The licensee holder of license # 28RI02978500 has paid all fines associated with this consumer complaint and has submitted a letter of corrective action. The Board reviewed the licensee's response and determined that the issue had been resolved to the Board's satisfaction and considers the matter closed.

At all times, the pharmacist's license was active and in good standing.

Sincerely,

Anthony Rubinaccio, R. Ph.

Anthony Rubinaccio, R.Ph.
Executive Director

AR/me

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License Application of	)	Case No. 2015-0258
KEVIN LINH NGUYEN	)	CONSENT ORDER
Applicant	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed License Denial; Answer Required ("Notice"), hereby incorporated by reference, regarding the applicant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the applicant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the applicant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the applicant admits that the facts alleged in the above-noted Notice are true, that the applicant's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 for refusal to issue a pharmacist license by the Board; and

WHEREAS, the Board is authorized to settle matters pursuant to ORS 183.417(3) and the Board and applicant agree to the terms set forth in this Consent Order;

The Board finds that the allegations in the Notice are true and hereby grants applicant's license with conditions.

1. Licensee shall pay a civil penalty in the amount of $1,000 with $850 stayed pending compliance with the terms of this Consent Order and no further violation for three (3) years. The $150 civil penalty shall be paid within ten days from the date this Consent Order becomes final.

2. Licensee shall earn and submit continuing education (CE) certificates for three (3) hours of CE in the area of pharmacy law or ethics within 10 days from the date this Consent Order becomes final. The continuing education hours earned in regards to this case are in addition to the CE required by pharmacists for renewal and are not eligible for renewal purposes. Licensee shall submit certificates of completion to the Board office by certified mail (or other

method approved by the Board in writing) and retain receipt of verification of delivery to the Board office.

3. Failure of the licensee to comply with all the requirements of the final order in this matter constitutes failure to cooperate with the Board and is grounds for revocation or any other form of discipline or sanction authorized by law.

CONSENT

I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

Kevin Linh Nguyen, Applicant — Date: 6/25/15

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Gary Miner, R.Ph.
Compliance Director — Date: 6/29/15

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Pharmacist License Application of	)	Case No. 2015-0258
KEVIN LINH NGUYEN	)	NOTICE OF PROPOSED LICENSE DENIAL;
Applicant	)	ANSWER REQUIRED

The Oregon Board of Pharmacy proposes to deny your pharmacist license application, and impose a civil penalty pursuant to ORS 689.445, ORS 689.832, and ORS 689.405 because you violated the Oregon Pharmacy Act and the Board of Pharmacy rules as follows:

On or about 4/8/2015, you made fraudulent statements or misrepresented the facts submitted to the Oregon Board of Pharmacy during the course of applying for licensure as a pharmacist. The Board of Pharmacy license application you completed requires that you respond fully and truthfully to questions. A question asked whether you have ever been cited, arrested for, charged with or convicted of the commission of any crime, offense or violation of the law in any state or by the Federal Government even if those charges were dismissed, to which you responded No. You were required to explain the circumstances in detail to any affirmative responses. You hand wrote on the form that you had "...never been arrested or cited for, charged with nor convicted of the commission of any crime, offense or violation of the law in any state or by the federal government." You signed the application certifying that you read the application and all information provided was true and correct and were aware that providing false information is grounds for denial of a license.

You failed to report that on or about 11/16/1995 you were arrested by the Travis County Sheriff's Office (TX) on the charge of Theft.

The above conduct is unprofessional conduct as defined by OAR 855-006-0005(28)(j) and (k) and in violation of and grounds for discipline pursuant to OAR 855-019-0310(1) and (7), OAR 855-001-0035, ORS 162.085, and ORS 689.405(1)(a), (e)(B) and (f).

Based on these alleged violations, the Board proposes to deny your pharmacist license application and impose a $1,000 civil penalty per violation.

HEARING RIGHTS

You are entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). If you wish to have a hearing, you must file a written request for hearing with the Board within 60 days from the date this notice was mailed. You may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax (971) 673-0002

If a request for hearing is not received within this 60-day period, your right to a hearing shall be considered waived.

If you request a hearing, you will be notified of the time and place of the hearing. Before the commencement of the hearing, you will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing. You may be represented by legal counsel.

If you do not request a hearing within 60 days, or if you withdraw a hearing request, notify the Board or Administrative Law Judge that you will not appear, or fail to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

Notice to Active Duty Servicemembers: Active duty servicemembers have a right to stay these proceedings under the federal Servicemembers Civil Relief Act. For more information contact the Oregon State Bar at 1-800-452-8260, the Oregon Military Department at 1-800-452-7500 or the nearest United States Armed Forces Legal Assistance Office through http://legalassistance.law.af.mil.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 60 days from the date this document was served, a written answer to the allegations set forth in this document. Your written answer must include an admission or denial of each factual matter alleged in the notice. Except for good cause, factual matters alleged in this document and not denied in your answer will be presumed admitted.

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

(a) An admission or denial of each factual matter alleged in the notice;

(b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

(a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;

(b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;

(c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and

(d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Gary Miner, R.Ph.,
Compliance Director

6/11/15
Date

DATE OF MAILING 6/11/2015

AGREED BOARD ORDER #L-16-022

RE: IN THE MATTER OF
KEVIN LINH NGUYEN
(PHARMACIST LICENSE #40176)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 40176 issued to Kevin Linh Nguyen (Respondent).

By letter dated August 3, 2016, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Sections 565.001(a)(1), (2), (12) and (16); and 565.001(b) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and
>
> Section 281.7(a)(13) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016), as alleged in the Count below.

The conduct described in the Consent Order of the Oregon Board of Pharmacy is substantially similar to conduct described in:

> Section 565.001(a)(1), (2), (5) and (12) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and
>
> Sections 281.7(a)(21); and 281.7(c)(3) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015).

COUNT

On or about June 29, 2015, the Oregon Board of Pharmacy entered a Consent Order in the matter of the pharmacist license application of Kevin Linh Nguyen. The Order was based on allegations contained in a Notice of Proposed License Denial; Answer Required that on his April 2015 application for licensure, Mr. Nguyen falsely indicated that he had not been arrested for any offense, when he was arrested on or about November 16, 1995, for Theft in Travis County, Texas. The Order granted the license, imposed a $250 penalty, and required three hours of continuing education.

By letter dated August 3, 2016, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Respondent neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in

this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that Respondent's license is reprimanded.

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of November, 2016.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Kevin Linh Nguyen, R.Ph.

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

REMEDIAL PLAN #H-17-047-A

RE: IN THE MATTER OF
PHONGPHU ALEX DANG
(PHARMACIST LICENSE #49465)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 49465 issued to Phongphu Alex Dang (Respondent).

By letter dated April 18, 2018, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated the applicable law set forth below. An informal conference was held in the Board's office on June 5, 2018, with Respondent, and Dan Lype, Legal Counsel for Respondent, in attendance. The informal conference was heard by Board Member: Dennis F. Wiesner, R.Ph.; with Kerstin Arnold, General Counsel. Bhavesh Modi, Staff Attorney, was also in attendance.

BOARD HISTORY

Respondent has not previously been offered a Remedial Plan and has not been the subject of disciplinary action with the Board.

FINDINGS

1. On or about July 7, 2017, Phongphu Alex Dang, while acting as an employee (staff pharmacist) of Walgreens #7592, 802 East Pioneer Parkway, Grand Prairie, Texas 75051, dispensed memantine 5mg tablets to patient A.C., a 17-year-old with Down syndrome and Graves' disease, on a refill of a prescription calling for methimazole 5mg tablets. The prescription was dispensed in the manufacturer's stock bottle labeled as memantine 5mg tablets, but the prescription label that was affixed to the bottle indicated that 60 methimazole 5mg tablets had been dispensed. The prescription label instructed patient A.C. to "take 1 tablet by mouth twice daily." Patient A.C. was administered the wrong drug for approximately 20 days before the error was identified by patient A.C.'s physician and experienced adverse effects, including elevated thyroid levels, weight loss, and restlessness. The prescription was assigned prescription number 1252850.

2. Respondent does not admit or deny the Finding(s) and Applicable Law contained herein but, rather, has agreed to settle in good faith to avoid the cost, expense, and uncertainty of litigation.

MITIGATING FACTOR

Respondent cooperated in the investigation of the allegations that resulted in this Remedial Plan.

APPLICABLE LAW

1. The Board has jurisdiction over the subject matter and Respondent pursuant to Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017).

2. The Board is authorized to take disciplinary action for a violation of Section 565.001(a)(1), (2), (12) and (13) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); Sections 281.7(a)(12), (13) and (29)(A); 291.31(1), (15), (16) and (17); 291.32(c)(1)(E) and (F); 291.32(c)(2)(C) and (D); and 295.3(b) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017); and Sections 431.003; 431.021(a), (b) and (r); and 431.112(a)(1) of the Texas Food, Drug, and Cosmetic Act, TEX. HEALTH & SAFETY CODE ANN. (2015).

3. Section 565.060 of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017), and Section 281.68 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2018), authorize the Board to resolve this matter with a Remedial Plan.

REMEDIAL PLAN TERMS

1. This Remedial Plan shall be in effect from the date of entry of the Plan and shall terminate five (5) years after the date of entry. Respondent agrees to comply with the terms set forth herein for the duration of the Plan.

2. Respondent shall obtain fifteen (15) hours of continuing education, which shall be in addition to the hours of continuing education required for renewal. Respondent shall submit proof of completion of the continuing education hours to Board staff within one (1) year after the entry of this Remedial Plan. All continuing education must be in compliance with the continuing education requirements set forth in the Texas Pharmacy Board Rules, and must be completed after the entry of this Remedial Plan and before one (1) year after the entry of this Remedial Plan.

3. Respondent shall submit written documentation of modifications implemented by Respondent to improve Respondent's practice of pharmacy to prevent dispensing errors and ensure proper drug regimen review. Such report shall be due one hundred twenty (120) days after the Remedial Plan is entered by the Board.

4. Respondent shall pay a Remedial Plan fee of one thousand dollars ($1,000) due one hundred twenty (120) days after the Remedial Plan is entered by the Board.

5. Respondent shall be responsible for all costs relating to compliance with the requirements of this Remedial Plan.

6. Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Remedial Plan.

RESPONDENT HAS READ AND UNDERSTANDS THE FOREGOING REMEDIAL PLAN. RESPONDENT UNDERSTANDS THAT BY SIGNING, RESPONDENT WAIVES CERTAIN RIGHTS. RESPONDENT SIGNS IT VOLUNTARILY. RESPONDENT UNDERSTANDS THIS REMEDIAL PLAN IS A FINAL, NON-APPEALABLE AGREEMENT THAT CONTAINS THE ENTIRE AGREEMENT, AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN, OR OTHERWISE. RESPONDENT UNDERSTANDS AND AGREES THAT ANY VIOLATION OF THE REMEDIAL PLAN WILL RESULT IN THE RE-INSTITUTION OF DISCIPLINARY ACTION.

And it is so ORDERED.

THIS REMEDIAL PLAN IS A PUBLIC RECORD.
THIS REMEDIAL PLAN IS NON-DISCIPLINARY.

SIGNED AND ENTERED ON THIS 7th day of August, 2018.

Dat Wine R.Ph.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Phongphu Alex Dang, R.Ph

Dan Lype, Legal Counsel for Phongphu Alex Dang
Leichter Law Firm
1602 East 7th Street
Austin, Texas 78702

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

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Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **WESLEY MONTGOMERY** Holder of License No T009712 As a Pharmacy Technician In the State of Arizona	Board Case No. 21-0594 **CONSENT AGREEMENT FOR CIVIL PENALTY, CONTINUING EDUCATION AND AUDIT**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.* Wesley Montgomery ("Respondent"), holder of certificate T009712 as a Pharmacy Technician in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that he has a right to a public administrative hearing concerning this matter at which hearing he could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against him.

5. Respondent understands this Consent Agreement deals with Case No. 21-0594 involving allegations of unprofessional conduct against Respondent. The investigation into these allegations against respondent shall be concluded upon the Board's adoption of this Consent Agreement.

6. Respondent acknowledges and agrees that the acceptance of this Consent Agreement is solely to settle this Board matter and does not preclude the Board from instituting other proceedings as may be appropriate now or in the future.

7. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

8. Furthermore, and notwithstanding any language in this Consent Agreement, this Consent Agreement does not preclude in any way any other state agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter other matters concerning Respondent, including violations of Arizona's Consumer Fraud Act.

Respondent acknowledges that, other than with respect to the Board, this Consent Agreement makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivision of the state relating to this matter or other matters concerning Respondent.

9. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, he may not revoke acceptance of the Consent Agreement or make any modifications to the document regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

10. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

11. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

12. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

13. The parties understand and agree that Portable Document Format and facsimile copies of this Consent Agreement including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

14. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(C)(16) and A.R.S. §32-1927.01(A)(1).

15. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

Dated: 11/22/21

Wesley Montgomery
Pharmacy Technician

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of certificate number T009712 as a Pharmacy Technician.

3. Pursuant to A.R.S. § 32-1925(H), the board shall not renew a license for a pharmacy technician unless that person has complied with the board-approved mandatory continuing professional education requirements.

4. Pursuant to A.A.C. R4-23-1106(A)(1), during the two years preceding an application for renewal, a pharmacy technician is required to participate in 20 contact hours (2.0 CEUs) of continuing education activity sponsored by a Board Approved Provider.

5. Pharmacy technicians are required to maintain records that verify the continuing education activities that the technician participated in during the preceding five years; attest to the number of CEUs the technician participated in during the renewal period on the biennial renewal form; and submit proof of the continuing education participation to the Board within 20 days of request. A.A.C. R4-23-1106(C).

6. The Board shall deem the failure to comply with the continuing education requirements as unprofessional conduct and grounds for disciplinary action. A.A.C. R4-23-1106(D).

7. On or about October 1, 2020, Respondent filed his application for license renewal, certifying that he had complied with the continuing education requirements set forth in A.R.S. §§ 32-1925, 32-3248.02 and A.A.C R4-23-1106, including the pharmacy law and opioid-related, substance use disorder-related or addiction-related continuing education requirements. In doing so, Respondent was attesting that he had completed the required twenty (20) continuing education (CE) hours during the renewal period.

8. On or about October 12, 2021, the Board staff conducted a continuing education audit that included Respondent (licensees are selected at random).

9. Prior to reaching out to Respondent, the Board staff reviewed the CPE Monitor and discovered that Respondent had completed zero (0) of the required 20 hours of continuing education during the audit time period.

10. Board staff sent Respondent an email on October 12, 20201, asking that he provide information showing completion of the required CE by November 1, 2021. No response was received.

11. Staff again reached out to Mr. Montgomery on October 27, 2021, again seeking proof of his completion of the required CEs. Respondent submitted documentation of CEs that were completed outside of the audit time period. When Board

staff asked Respondent to submit current CEs for the audit period, Respondent failed to respond.

12. Upon information and belief, Respondent was short all twenty (20) CE hours required for renewal of a pharmacy technician license.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a pharmacy technician who has engaged in unprofessional conduct. A.R.S. § 32-1927.01(A)(1), which allows the board to discipline a pharmacy technician for committing unprofessional conduct that includes violating any federal or state law, rule or regulation relating to the practice of pharmacy.

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(3) "Obtaining or attempting to obtain a pharmacy technician or pharmacy technician license or a pharmacy technician license renewal by fraud, by misrepresentation or by knowingly taking advantage of the mistake of another person or an agency."

4. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(5) "Failing to comply with the mandatory continuing professional education requirements of section 32-1925, subsection H and rules adopted by the board."

5. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(13) "Knowingly filing with the board any application, renewal or other document that contains false or misleading information."

6. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(14) "Providing false or misleading

information or omitting material information in any communication to the board or the board's employees or agents."

7. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(C)(15) "Violating or attempting to violate, directly or indirectly, or assisting in or abetting in the violation of, or conspiring to violate, this chapter.", specifically as it relates to A.R.S. § 32-1925.

ORDER

Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED THAT:

1. Respondent shall pay to the Board as a civil penalty the sum of Five Hundred **($500.00 [$25.00 per deficient CE hour])**. The civil penalty shall be paid in full to the Board within **ninety (90) days** of the effective date of this Consent Agreement and Order. The effective date of this Consent Agreement is the date it is signed by the Board's Executive Director.

2. In addition, Respondent shall complete a total of **thirty (30) continuing education hours for the next renewal period ending October 31, 2022.**

3. Respondent is also subject to a mandatory audit of his continuing education requirements for the 2020-2022 renewal cycle.

4. **IF RESPONDENT FAILS TO TIMELY COMPLY WITH THIS CONSENT AGREMENT AND ORDER, THE MATTER SHALL BE REFERRED TO FORMAL HEARING FOR THE SUSPENSION OR REVOCATION OF HIS LICENSE.** Failing to abide by this Consent Agreement and Order is a violation of A.R.S. §32-1901.01(C)(16), which is violating a formal order, terms of probation, a consent agreement or a stipulation issued or entered into by the board it its executive director. The issue at such a hearing will be limited solely to whether this Order has been violated.

5. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action.

DATED this 8th day of December, 2021.

ARIZONA STATE BOARD OF PHARMACY

By: _____
KAMLESH GANDHI, PharmD
Executive Director

ORIGINAL OF THE FORGOING FILED
this 8th day of December, 2021 with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 8th day of December, 2021, to:

Wesley Montgomery
[redacted]

EXECUTED COPY OF THE FOREGOING EMAILED
this 8th day of December, 2021, to:

Jeanne Galvin
Seth T. Hargraves
Arizona Attorney General's Office
2005 N. Central Ave. – SGD/LES
Phoenix, AZ 85004
LicensingEnforcement@azag.gov
Attorneys for the Board

JMitchell
Doc #9964535

TEXAS STATE BOARD OF PHARMACY

Oren M. Peacock, Jr., R.Ph.
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Sachse

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Floresville

Gay Dodson, R.Ph.
Executive Director/Secretary
Austin

November 9, 2004

James Kyle Cooley
[redacted]

RE: In the Matter of James Kyle Cooley

Dear Mr. Cooley:

Enclosed is a copy of Agreed Board Order (ABO) #T-04-382 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on September 24, 2004. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

GRANTING OF TEXAS PHARMACY TECHNICIAN REGISTRATION

Under the terms of ABO #T-04-382, Texas Pharmacy Technician Registration (#119555) was granted to you because you:

(1) successfully completed the requirements of registration as set forth in the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (Vernon 2003) and the Texas Pharmacy Rules of Procedure, 22 TEX. ADMIN. CODE (2004); and

(2) provided documentation to TSBP from a mutually acceptable mental health professional (MHP) that stated you were not physiologically or psychologically alcohol or drug dependent, did not have an incapacity of a nature that would prevent you from practicing as a pharmacy technician with reasonable skill, competence and safety to the public, and were able to practice as a pharmacy technician without posing a threat to yourself or the public.

With regard to the documentation described in (2) above, TSBP received this documentation on October 5, 2004, from Jan K. McCutchin, NCACII, LCDC. Subsequently, pharmacy technician registration #119555 was issued to you on October 20, 2004.

AGREED BOARD ORDER #T-04-382

RE: IN THE MATTER OF
JAMES KYLE COOLEY
(APPLICANT FOR PHARMACY
TECHNICIAN REGISTRATION #119555)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (hereinafter referred to as "TSBP") the matter of pharmacy technician registration number 119555 issued to James Kyle Cooley, (hereinafter referred to as "Applicant").

The TSBP gave preliminary notice to Applicant of its intent to take disciplinary action with respect to Applicant's pharmacy technician registration as a result of information received by the TSBP which produced evidence indicating that Applicant may have violated:

(1) Section 568.003(a)(5) of the Texas Pharmacy Act, TEX. OCC CODE ANN. Subtitle J (2003), in that, allegedly, on or about April 8, 1998, Applicant was convicted of the misdemeanor offense of Driving While Intoxicated.

(2) Section 568.003(a)(5) of the Texas Pharmacy Act, TEX. OCC CODE ANN. Subtitle J (2003), in that, allegedly, on or about November 30, 1999, Applicant was convicted of the misdemeanor offense of Driving While Intoxicated.

An informal conference was held in the office of the Texas State Board of Pharmacy on September 15, 2004, with Applicant in attendance. The informal conference was heard by a Board panel.

At the aforementioned conference, Applicant waived Applicant's right to be represented by legal counsel. By Applicant's appearance at the informal conference and by

Applicant's signature on this Order, Applicant agrees that the Texas State Board of Pharmacy has jurisdiction in this matter and does hereby waive Applicant's right to legal counsel, to notice of hearing, to a formal administrative hearing, and to judicial review of this Order.

After discussion of the matters previously outlined in this Order, and subsequent communications, Applicant agreed to the entry of an Order disposing of the need for further disciplinary action in this matter. By Applicant's signature on this Order, Applicant neither admits nor denies the truth of the matters previously set out in this Order with respect to the above alleged violations.

Applicant understands that any failure to comply with the terms of this Order is a basis for discipline under the Texas Pharmacy Act.

Should this Order not be accepted by the TSBP, it is agreed that neither the presentation of the Order to the TSBP nor the TSBP's consideration of the Order, will be deemed to have unfairly or illegally prejudiced the TSBP or its individual members and, therefore, will not be grounds for precluding the TSBP or any individual member of the TSBP from further participation in proceedings related to the matters set forth in the Order.

At the conclusion of the aforementioned conference, and subsequent communications, the parties agreed to the entry of the ORDER OF THE BOARD set forth below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the TSBP does hereby ORDER that a Texas pharmacy technician registration shall be granted after Applicant successfully

completes the requirements of registration as set forth in the Texas Pharmacy Act, TEX. OCC. CODE ANN. Subtitle J (Vernon 2003) and the Texas Pharmacy Rules of Procedure, 22 TEX. ADMIN. CODE (2004), and after written documentation is provided by a mutually acceptable mental health professional which states that Applicant is not physiologically or psychologically alcohol or drug dependent, does not have an incapacity of a nature that would prevent Applicant from practicing as a pharmacy technician with reasonable skill, competence and safety to the public, and is able to practice as a pharmacy technician without posing a threat to Applicant or the public. If Applicant has not completed the requirements within ninety (90) days after the entry of this Order, the pharmacy technician registration application shall be DENIED.

It is finally ORDERED that failure to comply with any of the terms and conditions in this Order constitutes a violation and shall be grounds for further disciplinary action against the Texas technician registration held by Applicant.

And it is so Ordered.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 24th day of September, 2004.

W Michael Brimberg RR
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

James Kyle Cooley
James Kyle Cooley

Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois DIVISION OF PROFESSIONAL REGULATION, Complainant	)	
v.	)	No. 2016-04570
WALGREENS SPECIALTY PHARMACY LLC, Walgreens Specialty Pharmacy #15443 License No. 054.017539, Walgreens Specialty Pharmacy #12314 License No. 054.017548, Walgreens Specialty Pharmacy #15438 License No. 054.017538, Respondents.	)	

ORDER

This matter having come before the Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation following the filing of a formal complaint against Walgreens Specialty Pharmacy #15443, Walgreens Specialty Pharmacy #12314, and Walgreens Specialty Pharmacy #15438 (hereinafter "Respondents") and said complaint being sent by email to Respondents' email addresses of record on or about January 11, 2019; Respondents having been ordered to file an answer or be held in default on February 25, 2019; Respondents having failed to answer the complaint and being held in default on March 25, 2019; the Illinois State Board of Pharmacy (hereinafter "Board") having deliberated this matter and issued a report containing certain findings of fact, conclusions of law, and a recommendation to the Director, and that report and a 20 Day Notice having been sent to Respondents' email addresses of record on May 17, 2019; Respondents having failed to reply within 20 days of the notice; and all due notice having been given:

Now therefor, I, Cecilia Abundis, Acting Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, after reviewing this matter and the documents attached hereto and referenced herein, do hereby adopt the Findings of Fact, Conclusions of Law, and Recommendation of the Board;

It is therefore ordered that Respondents Walgreens Specialty Pharmacy #15443, license no. 054.017539, Walgreens Specialty Pharmacy #12314, license no. 054.017548, and Walgreens Specialty Pharmacy #15438, license no. 054.017538, are each individually assessed a fine of two thousand dollars ($2,000.00).

DATED THIS 19th day of December, 2019.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGAN

Acting Director Cecilia Abundis
Division of Professional Regulation

Case No. 2016-05470
License No. 054.017539
054.017548
054.017538

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois, Complainant	)	
v.	)	No. 2016-04570
WALGREENS SPECIALTY PHARMACY LLC Walgreens Specialty Pharmacy #15443, License No. 054.017539, Walgreens Specialty Pharmacy #12314, License No. 054.017548, Walgreens Specialty Pharmacy #15438, License No. 054.017538, Respondents.	)	

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATION TO THE DIRECTOR

Now comes the Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation and, after reviewing the record in this matter, a majority of its members hereby makes the following Findings of Fact, Conclusions of Law and Recommendation to the Director of Professional Regulation:

FINDINGS OF FACT

1. WALGREENS SPECIALTY PHARMACY LLC #15443, (hereinafter "Respondent Pharmacy #15443") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017539. Said license is presently in ACTIVE status.
2. WALGREENS SPECIALTY PHARMACY LLC #12314, (hereinafter "Respondent Pharmacy #123143") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017548. Said license is presently in ACTIVE status.
3. WALGREENS SPECIALTY PHARMACY LLC #15438, (hereinafter "Respondent Pharmacy #15438") is presently the holder of a license as a Licensed Pharmacy in the State of Illinois, License No. 054.017538. Said license is presently in ACTIVE status.
4. On January 11, 2019, the Department filed a Complaint against Respondent and sent notice of the Preliminary Hearing with the Complaint to Respondent on January 11, 2019, to the last known email

address of Respondent: specialtypharmacy@walgreens.com. The Preliminary Hearing was set for February 25, 2019.

5. On February 25, 2019, the Administrative Law Judge ordered that Respondent file an Answer to the Department's Complaint on or before March 18, 2019. A Status Hearing was set for March 25, 2019. A copy of the Administrative Law Judge's Order was emailed to Respondent at Respondent's last known email address of record.

6. On March 25, 2019, Respondent failed to appear. Respondent had not filed an answer to the Department's allegations. The Administrative Law Judge entered an Order of Default and transferred the matter to this Board for its deliberation on the pleadings. A copy of the Administrative Law Judge's Order was sent to the last known email address of Respondent.

7. The Board finds the allegations said Complaint to be true:

    i. Respondent Pharmacy #15443 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 669.

    ii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #15443 stating that Respondent Pharmacy #15443 was disciplined by the Hawaii Board of Pharmacy.

    iii. On or about October 18, 2010, Respondent Pharmacy #15443 entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy in case number 2011-000518.

    iv. The Colorado Order disciplined Respondent Pharmacy #15443 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) and Respondent Pharmacy #15443 also provided false information on applications.

    v. On or about October 18, 2010, the Colorado Order imposed a monetary penalty on Respondent Pharmacy #15443 in the amount of five thousand ($5,000) dollars in case number 2011-000518.

    vi. On or about April 6, 2016, Respondent Pharmacy #15443 entered into a Settlement

Agreement with the Hawaii Board of Pharmacy.

vii. Subsequently, Respondent Pharmacy #15443 was issued a two thousand ($2,000.00) dollar fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-90-L.

viii. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #15443.

ix. On or about July 30, 2013, Respondent Pharmacy #15443 submitted a Change of Address application to the Department.

x. The 2013 application did not disclose that Respondent Pharmacy #15443 was disciplined in 2010.

xi. Respondent Pharmacy #15443 failed to disclose prior discipline on the July 30, 2013 Change of Address application.

xii. Respondent Pharmacy #12314 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 547.

xiii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #12314 stating that Respondent Pharmacy #12314 was disciplined by the Hawaii Board of Pharmacy for failure to timely report discipline in another state.

xiv. On or about October 18, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #12314 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) and for providing false information on applications.

xv. On or about October 18, 2010, the Respondent Pharmacy #12314 entered into a Final Agency Order with the Colorado Board of Pharmacy in case number 2011-00522 and was assessed a fine in the amount of five thousand ($5,000.00) dollars.

xvi. On or about April 6, 2016, Respondent Pharmacy #12314 entered into a Settlement Agreement with the Hawaii Board of Pharmacy.

xvii. Subsequently, Respondent Pharmacy #12314 was issued a two thousand ($2,000.00) dollar

fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-62-L.

xviii. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #12314.

xix. On or about March 2, 2011, March 4, 2014, and January 14, 2015, Respondent Pharmacy #12314 submitted Pharmacist-in-Charge applications to the Department.

xx. The 2013 application did not disclose that Respondent Pharmacy #12314 was disciplined in 2010.

xxi. Respondent Pharmacy #12314 failed to disclose prior discipline on the Pharmacist-in-Charge applications submitted to the Department in 2011, 2014, and 2015.

xxii. Respondent Pharmacy #15438 holds a license to practice as a pharmacy in the State of Hawaii, Permit Number PMP 644.

xxiii. On or about June 1, 2016, the Department received a self-report from Respondent Pharmacy #15438 stating that Respondent Pharmacy #15438 was disciplined by the Hawaii Board of Pharmacy for failure to timely report discipline in another state.

xxiv. On or about April 9, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #15438 for failing to submit the required data to the Prescription Drug Monitoring Program (PDMP) in case number 2010-002889.

xxv. On or about July 14, 2010, the Colorado Board of Pharmacy disciplined Respondent Pharmacy #15438 for failing to timely submit a Change of Pharmacist-in-Charge application to the Colorado Board of Pharmacy in case number 2010-003719.

xxvi. On or about April 9, 2010, the Respondent Pharmacy #15438 entered into a Final Agency Order in case number 2010-002889 with a fine in the amount of five thousand ($5,000.00) dollars.

xxvii. On or about July 14, 2010, the Respondent Pharmacy #15438 entered into a Final Agency Order in case number 2010-003719 with a fine in the amount of one thousand ($1,000.00)

dollars.

xxviii. On or about April 6, 2016, Respondent Pharmacy #15438 entered into a Settlement Agreement with the Hawaii Board of Pharmacy.

xxix. Subsequently, Respondent Pharmacy #15438 was issued a two thousand ($2,000.00) dollar fine by the Hawaii Board of Pharmacy for failure to timely report discipline in another state in case number PHA 2015-91-L.

xxx. This constitutes an adverse final action by another state agency, in Hawaii, against the Respondent Pharmacy #15438.

xxxi. On or about September 5, 2013, Respondent Pharmacy #15438 submitted a Change of Address application to the Department.

xxxii. The 2013 application did not disclose that Respondent Pharmacy #15438 was disciplined in 2010.

xxxiii. Respondent Pharmacy #15438 failed to disclose prior discipline on the July 30, 2013 Change of Address application.

CONCLUSIONS OF LAW

1. The Illinois Board of Pharmacy of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation has jurisdiction over the subject matter and of the parties in this case.
2. The Department has jurisdiction to investigate the complaints and to bring this action pursuant to 225 ILCS 85/1 et. seq.
3. Respondent Walgreens Specialty Pharmacy LLC is in violation of 68 Ill. Admin. Code 1330.30, 68 Ill. Admin. Code 1330.40, and 225 ILCS 85/30(a)(2), (3), (8), and (13).
4. Respondent Walgreens Specialty Pharmacy LLC's violations are grounds for discipline pursuant to 225 ILCS 85/30(a)(2), (3), (8), and (13).

RECOMMENDATION

The Illinois Board of Pharmacy of the Division of Professional Regulation of the Department of

Financial and Professional Regulation of the State of Illinois, after making the above Findings of Fact and Conclusions of Law, recommends to the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation, that the license to practice as a Licensed Pharmacy of WALGREENS SPECIALTY PHARMACY LLC, License Nos. 054.017539, 054.017548, and 054.017538 be FINED Two Thousand Dollars ($2,000.00) for each license for a total amount of Six Thousand Dollars ($6,000.00).

DATED THIS 14 DAY OF May, 2019.

recuse
Chairperson, Lemrey Al Carter Pharm.D.

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

Case No. 2016-04570
License Nos. 054.017539, 054.017548, 054.017538

Carter recuse
Pietrandoni recuse

800 SW Jackson St., Suite 1414
Topeka, KS 66612

Kansas
Board of Pharmacy

Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@ks.gov
www.pharmacy.ks.gov

Alexandra Blasi, Executive Secretary

Laura Kelly, Governor

December 19, 2022

OJAS SAMPAT
[redacted]

RE: *In the Matter of Ojas Sampat*
Case No. 22-341

Dear Ojas Sampat:

The Kansas State Board of Pharmacy has concluded its audit of continuing education for your recent renewal and determined that you are noncompliant. Please read the enclosed Summary Order in its entirety, which includes assessment of a fine and mandatory additional continuing education. This discipline will be reported to the National Association of Boards of Pharmacy and all future license verifications will reflect this discipline.

If you disagree with the findings of fact, you have the right to request a hearing. Instructions for filing a written request are included under the "Notices" section of the order. Hearings are held before the full Board during their regularly scheduled meetings.

According to KSA 65-1627h, the Board is required to recoup the costs of administrative hearings when the decision is adverse to the licensee. These costs may include charges for services rendered by the Board's disciplinary counsel, an administrative law judge, and, if applicable, a court reporter.

If you have questions, please email pharmacy.compliance@ks.gov and reference your case number.

Sincerely,

Kansas State Board of Pharmacy

enc: Summary Order

BEFORE THE KANSAS STATE BOARD OF PHARMACY

In the Matter of the Renewal Application of Ojas Sampat License No. 1-14844	)	Case No. 22-341

SUMMARY ORDER

NOW on December 19, 2022, comes before the Kansas State Board of Pharmacy through its Executive Secretary (hereinafter referred to as the "Board") the matter of the pharmacist license renewal application of Ojas Sampat (hereinafter referred to as "Respondent") to engage in the practice of pharmacy in the state of Kansas.

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board enters this Summary Order in the above-captioned matter. After reviewing the renewal materials and being otherwise duly advised in the premises, the Board makes the following findings, conclusions, and order:

FINDINGS OF FACT

1. On or around 6/19/2022, Respondent submitted a pharmacist license renewal application to engage in the practice of pharmacy in the State of Kansas.

2. In the renewal application, Respondent requested to renew the license on active status.

3. At the end of the renewal application, Respondent agreed to the following statement prior to submitting the completed renewal application: "I hereby attest that I have completed all continuing education hours required by law to renew my license."

4. Respondent's renewal application was selected for an audit to provide proof of Respondent's continuing education certificates or a transcript of completion of required hours.

5. Respondent provided proof of 27.75 hours of continuing education to renew Respondent's pharmacist license.

CONCLUSIONS OF LAW

6. Pursuant to K.S.A. 65-1627(a)(9), the Board may deny, revoke, suspend, or place on probation any pharmacist license upon a finding that Respondent failed to comply with the continuing education requirements of the Board for license renewal.

7. Pursuant to K.A.R. 68-1-1b, 30 hours of continuing education shall be required for renewal of a pharmacist license during each licensure period, which must be obtained in the two-year licensure period ending on the June 30 expiration date of each license.

8. Pursuant to K.S.A. 65-1627(a)(1), the Board may deny, revoke, suspend, or place on probation any pharmacist license upon a finding that Respondent renewed or attempted to renew a license by false means, including misrepresentation.

9. Pursuant to K.S.A. 65-1658, in addition to any other penalty imposed by the Pharmacy Practice Act, the Board may assess a civil fine for a violation of K.S.A. 65-1627(a), in an amount not to exceed $5,000 for each violation.

10. Respondent was required to provide proof of completion of 30 hours of continuing education earned between July 1, 2020 and June 30, 2022.

11. By only providing proof of completion of 27.75 hours of continuing education, Respondent failed to complete the required 30 hours of continuing education for renewal of Respondent's license, in violation of K.S.A. 65-1627(a)(9).

12. Respondent falsely attested on the renewal application that Respondent had completed all continuing education hours required by law to renew Respondent's license, in violation

of K.S.A. 65-1627(a)(1). Though material, the Board makes no finding about whether Respondent's misrepresentation was intentional.

13. The role of the Board is to protect the citizens of Kansas. The Board regards the failure to comply with the continuing education requirements for licensure as a serious issue. Given the number of home-study, web-based, and live programs available, achieving the 30 hours required each biennial renewal period cannot be viewed as a burden. Without continued investment in pharmacy education, the vision of quality pharmacy providers in Kansas will not be met. In order to provide safe, effective, and high quality healthcare for Kansas patients, the practice of pharmacy requires lifelong improvement and education.

ORDER

Based on the foregoing findings of fact and conclusions of law, the Board orders the following:

For Respondent's violation of K.S.A. 65-1627(a)(1) and (9), a fine is assessed in the amount of $100 for each hour of missing or falsified continuing education, with a minimum of $500. **Respondent is ordered to pay the $500 fine by check or money order within 30 days of the date of this Order.**

Furthermore, an additional four hours of continuing education will be required for each hour of missing or falsified continuing education. **Respondent shall complete 9 hours of additional ACPE-approved continuing education and provide proof of completion to the Board within 30 days of the date of this Order**. If Respondent is not already signed up for the NABP CPE monitor (free version), Respondent shall create an NABP CPE monitor profile and shall ensure that proof of completion of these penalty hours and all future required continuing education appears in the CPE monitor. Completion of penalty hours shall not count toward Respondent's next continuing education renewal requirement.

NOTICES

Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

December 19, 2022
Date

Executive Secretary

CERTIFICATE OF SERVICE

I hereby certify that I did, on December 19, 2022, deposit in business mail a copy of the foregoing Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

OJAS SAMPAT
[redacted]

Kansas Board of Pharmacy Staff

MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
15 South 15th Ave,, SDG/LES
Phoenix, Arizona 85007-2997
Tel: (602) 542-7983
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

2018 JUN 13 AM 11:10

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **JITEN SIDHU, PharmD,** Holder of License No. S020833 As a Pharmacist In the State of Arizona.	Board Case No. 17-0114 **CONSENT AGREEMENT AND ORDER FOR PROBATION AND CIVIL PENALTIES**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Jiten Sidhu ("Respondent"), holder of Pharmacist License No. S020833 in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that he has a right to a public administrative hearing concerning this matter at which hearing he could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against him.

5. Respondent understands this Consent Agreement deals with Board Complaint No. 17-0114 involving allegations of unprofessional conduct against Respondent.

6. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

7. Respondent also understands that acceptance of this Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting any other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

8. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, he may not revoke his acceptance of the Consent Agreement or make any modifications to the

document. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(B) (20) and A.R.S. § - 1927(A) (1).

13. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

2018 JUN 13 AM 11:10

Dated: 6/10/2018

Jiten Sidhu
Pharmacist

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of license number S020833 which allows him to practice as a Pharmacist in the State of Arizona.

3. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

4. At all relevant times, Respondent was employed as a Pharmacist by Banner Family Pharmacy, University Medical Center—Phoenix, 1111 E. McDowell Rd. Phoenix, AZ 85006.

5. On or about August 4, 2017, Banner Health notified the Board that Respondent resigned from Banner Health on July 27, 2017.

6. Banner Health further explained that a recent investigation revealed the Respondent was fraudulently filling prescriptions under this girlfriend's name, also a Banner Health Pharmacist, and was using the medication for his own use.

7. Respondent admitted to writing a prescription not authorized by a medical prescriber, using his girlfriend's insurance to fill the medication as his insurance would not cover the early refills and consuming the medication from the bottle while on duty.

8. The prescribing physician on the medication bottle was contacted and she denied calling in any prescription and/or any acknowledgement of the pharmacist's

actions.

9. The Board's investigation revealed that following prescriptions were written by Respondent but not authorized:

a. Gabapentin 600mg #21 filled: 6/16/17; 6/21/17; and 7/25/17; filled under the girlfriend's name (cash was paid)

b. Nabumetone 500mg #14 filled: 6/16/17 and 6/22/17 under girlfriend's name (cash was paid)

c. Nitrofurantoin Marco 100mg filled: 1/6/17; 1/20/17, 2/21/17 and 4/11/17 under Respondent's name (billed to MedImpact)

10. In a written statement to the Board, Respondent explained that he had a medical condition that caused him pain and for which he was prescribed Gabapentin and Nabumetone. Additionally, he asserted that he often forgot his medications at home and that is when he would make the unauthorized refills. Further, he stated that he wrote them under his girlfriend's name and paid cash because he was aware that his insurance provider would not authorize the early fill the prescriptions.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a pharmacist who has engaged in unprofessional conduct. A.R.S. § 32-1927(A) (1).

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01 (B)(10), (11) and (19).

ORDER

Based upon the above Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED THAT Pharmacist License No. S020833, which was issued to Respondent for the practice of Pharmacy in the State of Arizona, is hereby placed on **SUSPENSION** for a period of six (6) months. However, the suspension is stayed and Respondent's license shall be placed on **PROBATION** for a minimum period of five (5) years from the effective date of this Consent Agreement. The effective date of this Consent Agreement and Order is the date that it is signed by the Board's Executive Director.

The **PROBATION** is subject to the following conditions:

1. Respondent shall pay to the Board the sum of **$9,000.00** in civil penalties within **ninety (90) days** from the effective date of this Consent Agreement and Order.

2. Respondent shall furnish all pharmacy employers/preceptors with a copy of this Board Order throughout the term of his probation. Respondent shall ensure that all pharmacy employers/preceptors submit to the Board a written acknowledgement that they have received a copy of this Consent Agreement within ten (10) days of entering into an employment relationship with Respondent.

3. Respondent shall advise the Board immediately of any change in pharmacy employment status throughout the term of his probation.

4. Throughout the term of Respondent's probation, Respondent shall not serve as a pharmacist in charge or preceptor at any place of employment.

5. Respondent shall furnish the Board with a list of all jurisdictions in which he maintains or has maintained licensure in the profession of pharmacy along with the registration numbers of said licenses.

6. Respondent shall obey all federal and state laws and rules governing the practice of pharmacy.

7. Throughout the term of Respondent's probation, Respondent shall personally appear before the Board when requested to do so by the Board or Board staff.

8. If Respondent violates this order in any way or fails to fulfill the requirements of this order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against the Respondent's license. The issue at such a hearing will be limited solely to whether this order has been violated.

9. Respondent shall appear before the Board at a regularly scheduled Board meeting five years after the effective date of this Order to request that the probation imposed by this Order be terminated. Respondent's failure to petition the Board to terminate the probation shall extend the probation period.

DATED this 13 day of June, 2018.

(Seal)

ARIZONA STATE BOARD OF PHARMACY

By: _____
KAMLESH GANDHI, PHARM.D.
Executive Director

ORIGINAL OF THE FORGOING FILED
this 14th day of June, 2018, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 14th day of June, 2018, to:

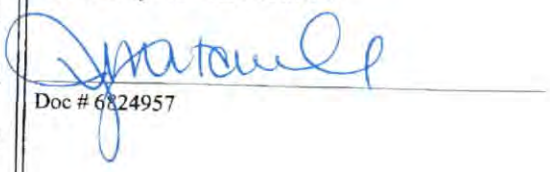
Jiten Sidhu
[redacted]

EXECUTED COPY OF THE FOREGOING MAILED
this 14th day of June, 2018, to:

Nicholas Meza
Quarles & Brady, LLP
2 N Central Ave, Suite 3
Phoenix, AZ 85004
Respondent's Attorney

EXECUTED COPY OF THE FOREGOING MAILED
this 14th day of June, 2018, to:

Jeanne M. Galvin
Assistant Attorney General
15 South 15th Ave.
Phoenix, Arizona 85007
Attorney for the Board



Doc # 6824957

MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

2018 JUN 13 AM 11:10

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
15 South 15th Ave,, SDG/LES
Phoenix, Arizona 85007-2997
Tel: (602) 542-7983
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **LINDA TRINH, PharmD,** Holder of License No. S020176 As a Pharmacist In the State of Arizona.	Board Case No. 17-0115 **CONSENT AGREEMENT AND ORDER FOR PROBATION AND CIVIL PENALTIES**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Linda Trinh ("Respondent"), holder of Pharmacist License No. S020176 in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that she has a right to a public administrative hearing concerning this matter at which hearing she could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against her.

5. Respondent understands this Consent Agreement deals with Board Complaint No. 17-0115 involving allegations of unprofessional conduct against Respondent.

6. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

7. Respondent also understands that acceptance of this Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting any other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

8. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, she may not revoke her acceptance of the Consent Agreement or make any modifications to the

document. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(B) (20) and A.R.S. § - 1927(A) (1).

13. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

2018 JUN 13 AM 11:10

Dated: June 10, 2018

Linda Trinh
Pharmacist

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of license number S020176 which allows her to practice as a Pharmacist in the State of Arizona.

3. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

4. At all relevant times, Respondent was employed as a Pharmacist by Banner Heart Hospital located at 6750 E. Baywood Ave, Mesa, AZ 85206.

5. On or about August 4, 2017, Banner Health notified the Board that Respondent was terminated by Banner Health on July 31, 2017.

6. Banner Health further explained that a recent investigation revealed the Respondent's boyfriend, Jiten Sidhu, also a pharmacist employed by Banner Health was fraudulently filling prescriptions under Respondent's name, and was using the medication for his own use. Respondent admits being aware of her Mr. Sidhu's actions.

7. Mr. Sidhu admits to writing prescriptions not authorized by a medical prescriber, using Respondent's insurance to fill the medication as his insurance would not cover the early refills and consuming the medication from the bottle while on duty.

8. The prescribing physician on the medication bottle was contacted and she denied calling in any prescription and/or any acknowledgement of Mr. Sidhu's actions.

9. The Board's investigation revealed that following prescriptions were written by Mr. Sidhu but not authorized:

a. Gabapentin 600mg #21 filled: 6/16/17; 6/21/17; and 7/25/17; filled under Respondent's name (cash was paid)

b. Nabumetone 500mg #14 filled: 6/16/17 and 6/22/17 under Respondent's name (cash was paid)

c. Nitrofurantoin Marco 100mg filled: 1/6/17; 1/20/17, 2/21/17 and 4/11/17 filled under Respondent's name (billed to MedImpact)

10. In a written statement to the Board, Respondent explained that Mr. Sidhu suffered from a condition that caused pain and that on certain days he forgot his medications at home. Respondent further explained that on those days Mr. Sidhu forget his medications at home, he would text her and ask if he could fill prescriptions under her name as he was unable to leave work and get his medications from home. Respondent approved him doing so. Respondent also approved Mr. Sidhu to bill the prescriptions under her insurance as she was aware the prescriptions would be denied under Mr. Sidhu's insurance because of an early refill. Finally, Respondent states she regrets her involvement in this matter.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a pharmacist who has engaged in unprofessional conduct. A.R.S. § 32-1927(A) (1).

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01 (B)(13) and (19).

ORDER

Based upon the above Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED THAT Pharmacist License No. S020176, which was issued to Respondent for the practice of Pharmacy in the State of Arizona, is hereby placed on **SUSPENSION** for a period of six (6) months. However, the suspension is stayed and Respondent's license shall be placed on **PROBATION** for a minimum period of five (5) years from the effective date of this Consent Agreement. The effective date of this Consent Agreement and Order is the date that it is signed by the Board's Executive Director

The **PROBATION** is subject to the following conditions:

1. Respondent shall pay to the Board the sum of **$9,000.00** in civil penalties within **ninety (90) days** from the effective date of this Consent Agreement and Order.

2. Respondent shall furnish all pharmacy employers/preceptors with a copy of this Board Order throughout the term of his probation. Respondent shall ensure that all pharmacy employers/preceptors submit to the Board a written acknowledgement that they have received a copy of this Consent Agreement within ten (10) days of entering into an employment relationship with Respondent.

3. Respondent shall advise the Board immediately of any change in pharmacy employment status throughout the term of his probation.

4. Throughout the term of Respondent's probation, Respondent shall not serve as a pharmacist in charge or preceptor at any place of employment.

5. Respondent shall furnish the Board with a list of all jurisdictions in which he maintains or has maintained licensure in the profession of pharmacy along with the registration numbers of said licenses.

6. Respondent shall obey all federal and state laws and rules governing the practice of pharmacy.

7. Throughout the term of Respondent's probation, Respondent shall personally appear before the Board when requested to do so by the Board or Board staff.

8. If Respondent violates this order in any way or fails to fulfill the requirements of this order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against the Respondent's license. The issue at such a hearing will be limited solely to whether this order has been violated.

9. Respondent shall appear before the Board at a regularly scheduled Board meeting five years after the effective date of this Order to request that the probation imposed by this Order be terminated. Respondent's failure to petition the Board to terminate the probation shall extend the probation period.

DATED this 13 day of June, 2018.

(Seal)

ARIZONA STATE BOARD OF PHARMACY

By: _____
KAMLESH GANDHI, PHARM.D.
Executive Director

ORIGINAL OF THE FORGOING FILED
this 13th day of June, 2018, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 13th day of June, 2018, to:

Linda Trinh
[redacted]

EXECUTED COPY OF THE FOREGOING MAILED
this 13th day of June, 2018, to:

Nicholas Meza
Quarles & Brady, LLP
2 N Central Ave, Suite 3
Phoenix, AZ 85004

EXECUTED COPY OF THE FOREGOING MAILED
this 13th day of June, 2018, to:

Jeanne M. Galvin
Assistant Attorney General
15 South 15th Ave.
Phoenix, Arizona 85007
Attorney for the Board

Doc # 6828131

11

11A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☐ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☒ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☒ Dangerous drugs
	☐ Location Change *	☐ Internet	☐ Controlled substances
	☒ Service Modification*	☐ Nuclear	DEA #: _____
	☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.)	☐ Other:	☒ Non-sterile Compounding
			☒ Sterile Compounding
			☒ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
	* Current license #: PH 03919		☐ Hospital
			☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☒ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Hillcrest Pharmacy, LLC

Physical Address: 781 E Fort Union Blvd

City: Midvale State: UT Zip: 84047

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 385-900-1400 Toll Free # (NAC 639.708, NRS 639.23286): 1-855-499-2556

Fax: 385-900-1990 Contact Email: hillcrestpharmacy17@gmail.com

Website: hillcrestpharmacysaves.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Jeffrey Ryan Abeyta

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 21856

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: Jeffrey Ryan Abeyta	NV Pharmacist Registration #: 21856
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: Hillcrest Pharmacy, LLC

Mailing Address: 781 E Fort Union Blvd

City: Midvale State: UT Zip: 84047

Telephone: 385-900-1400 Email: hillcrestpharmacy17@gmail.com

Contact Person Name: Justin Meier

Please check type of partnership (NAC 639.214) ☐ General ☑ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☑ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Devin Meier (title) for Hillcrest Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacy located inside the State of Nevada employ only pharmacists, intern pharmacists, pharmaceutical technicians, and technicians in training that are licensed by the Nevada State Board of Pharmacy. (NRS 639.100).
6. I further understand and acknowledge that Nevada law requires that each pharmacy located outside the State of Nevada engaged in providing pharmacy services into Nevada employs at least one pharmacist licensed by the Nevada State Board of Pharmacy who will be responsible for any prescription dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. (NRS 639.2328).

Devin Meier

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/17/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Devin Meier

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

07/17/2025

Date

Board Use Only	Date Received: 7/21/25	Amount: $500.00

Owners of Hillcrest Pharmacy, LLC:

EIN: 823679890

Devin Meier – 50% Owner

[redacted]

Justin Meier – 50% Owner

[redacted]

*There are no other partners, members, stockholders, officers or board members. Please see attached certificate of organization provided.

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

UTAH DEPARTMENT OF COMMERCE

Division of Corporations and Commercial Code

MARGARET W. BUSSE
Executive Director

ADAM WATSON
Division Director

June 09, 2025

CERTIFICATE OF EXISTENCE

Registration Number:	10631208-0160
Business Name:	HILLCREST PHARMACY, LLC
Principal Office Address:	2875 OLD COLONY CIRCLE, HOLLADAY, UT 84117
Registered Date:	12/12/2017
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Current Status:	ACTIVE - CURRENT

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division unless the status above is delinquent; and, that Articles of Dissolution have not been filed.

Adam Watson

Adam Watson
Director
Division of Corporations and Commercial Code

Certificate Number: 202506090950750
Enter the certificate number at https://businessregistration.utah.gov/ to verify this certification.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Hillcrest Pharmacy, LLC

Pharmacy/Wholesaler License # (if applicable): PH03919

Physical Address: 781 E FOrt Union Blvd

City: Midvale State: UT Zip: 84047

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 385-900-1400 Website: hillcrestpharmacysaves.com

Licensing Company Email: hillcrestpharmacy17@gmail.com

Section 2: Personal Information

First: Jeffrey Middle: Ryan Last: Abeyta

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Hawaii College of Pharmacy		08/09-05/13	
Address	**City**	**State**	**Zip**
60 Nowelo St	Hilo	HI	96720
Diploma/Degree obtained, if any			
Doctor of Pharmacy (PharmD)			

School Name		From - To (MM/YY – MM/YY)	
Salt Lake Community College		01/03-05/09	
Address	**City**	**State**	**Zip**
4600 S Redwood Rd	Salt Lake City	UT	84123
Diploma/Degree obtained, if any			
Associate Degree			

School Name		From - To (MM/YY – MM/YY)	
Murray High School		08/96-06/99	
Address	**City**	**State**	**Zip**
5440 S State St	Murray	UT	84107
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/20-Present	[redacted]			
01/19-06/20				
02/18-01/19				
03/14-02/18				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Hillcrest Pharmacy, LLC			12/19-Present
Business Address	**City**	**State**	**Zip**
781 E Fort Union Blvd	Midvale	UT	84047
Phone	**Title**		**Number of Employed Hours**
385-900-1400	Pharmacist In Charge (PIC)		13,638
Description of Duties			
Rx data entry, prescription verification, counseling patients, managing drug inventories, ordering drug inventory, non-sterile compounding, compound formulation, technician oversight, etc.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Jeffrey Ryan Abeyta, **certify that as the designated representative for** Hillcrest Pharmacy, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RA I am at least 21 years of age;
3. RA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jeffrey Ryan Abeyta

Print Name (First, Last)

Jeffrey Ryan Abeyta

Original Signature (electronic, copies or stamps not accepted)

07/17/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jeffrey Ryan Abeyta

Print Name (First, Last)

Jeffrey Ryan Abeyta

Original Signature (electronic, copies or stamps not accepted)

07/17/25

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, Jeffrey Ryan Abeyta, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Jeffrey Ryan Abeyta

Original Signature

7/18/25

Date

Subscribed and Sworn to before me this 18 day of July 2025.

Notary Public Signature

BRANDEN TRUONG
Notary Public - State of Utah
Comm. No. 726373
My Commission Expires on
Aug 30, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Hillcrest Pharmacy, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH03919

Physical Address: 781 E Fort Union Blvd

City: Midvale State: UT Zip: 84047

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 385-900-1400 Website: hillcrestpharmacy17@gmail.com

Licensing Company Email: hillcrestpharmacy17@gmail.com

Section 2: Personal Information

First: Justin Middle: Ronald Last: Meier

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Brigham Young University		08/06-05/10	
Address	City	State	Zip
212 Hinckley Center	Provo	UT	84602
Diploma/Degree obtained, if any			
Bachelors Degree			

School Name		From - To (MM/YY – MM/YY)	
Skyline High School		09/00-06/04	
Address	City	State	Zip
3251 E 3760 S	Salt Lake City	UT	84109
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/23-Present	[redacted]			
07/21-05/23				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Hillcrest Pharmacy, LLC			02/18-Present
Business Address	**City**	**State**	**Zip**
781 E Fort Union Blvd	Midvale	UT	84047
Phone	**Title**		
385-900-1400	Owner/Technician		
Description of Duties			
Manage employees, Regular technician duties			

Business Name			From - To (MM/YY – MM/YY)
Meier's Pharmacy			02/12-Present
Business Address	**City**	**State**	**Zip**
4698 S Holladay Blvd	Holladay	UT	84117
Phone	**Title**		
801-679-3278	Owner/Technician		
Description of Duties			
Manage employees, Regular technician duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Justin Meier

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/18/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, Justin Meier, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/18/2025

Date

Subscribed and Sworn to before me this 07 day of July 2025

Evelin H. Basten

Notary Public Signature

EVELIN H BASTEN
NOTARY PUBLIC • STATE OF UTAH
COMMISSION NO. 67143365N
COMM. EXP. 7-26-2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Hillcrest Pharmacy, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PH03919

Physical Address: 781 E Fort Union Blvd

City: Midvale State: UT Zip: 84047

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 385-900-1400 Website: hillcrestpharmacy17@gmail.com

Licensing Company Email: hillcrestpharmacy17@gmail.com

Section 2: Personal Information

First: Devin Middle: James Last: Meier

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Addres[redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Southern Nevada		08/07-05/10	
Address	**City**	**State**	**Zip**
10894 S River Front Pkwy	South Jordan	UT	84095
Diploma/Degree obtained, if any			
Doctor of Pharmacy (PharmD)			

School Name		From - To (MM/YY – MM/YY)	
Brigham Young University			
Address	**City**	**State**	**Zip**
212 Hinckley Center	Provo	UT	84602
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Skyline High School			
Address	**City**	**State**	**Zip**
3251 E 3760 S	Salt Lake City	UT	84109
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/18-Present	[redacted]			
01/10-08/18				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Hillcrest Pharmacy, LLC			02/18-Present
Business Address	**City**	**State**	**Zip**
781 E Fort Union Blvd	Midvale	UT	84047
Phone	**Title**		
385-900-1400	Owner/Pharmacist		
Description of Duties			
Manage employees, Regular pharmacist duties			

Business Name			From - To (MM/YY – MM/YY)
Meier's Pharmacy			02/12-Present
Business Address	**City**	**State**	**Zip**
4698 S Holladay Blvd	Holladay	UT	84117
Phone	**Title**		
801-679-3278	Owner/Pharmacist		
Description of Duties			
Manage employees, Regular pharmacist duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Devin Meier

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/18/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, Devin Meier, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Devin Meier

Evelin Basten notary public

Original Signature

07/18/25

Date

Subscribed and Sworn to before me this 07 day of July 2025

Evelin Basten

Notary Public Signature

EVELIN H BASTEN
NOTARY PUBLIC • STATE OF UTAH
COMMISSION NO. 67143365N
COMM. EXP. 7-26-2028

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Hillcrest Pharmacy, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): PH03919

Physical Address: 781 E Fort Union Blvd

City: Midvale State: UT Zip: 84047

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 385-900-1400 Toll Free # (NAC 639.708, NRS 639.23286): 1-855-499-2556

Fax: 385-900-1990 Contact Email: hillcrestpharmacy17@gmail.com

Website: hillcrestpharmacysaves.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Jeffrey Ryan Abeyta

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21856

Name of Designated Person(s) as defined by revised USP-797 guidelines: Michael Stucki

Email of Designated Person(s): michaelj@hillcrestpharmacyutah.com

Telephone of Designated Person(s): 801-494-3627

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ■ Category 2 ☐ Category 3

If you marked "**Category 3**", you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 6/10/2025

6. What is the frequency of the recertification for the ISO classified areas? Every 6 months at minimum

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Monthly, not to exceed 30 day intervals

10. Will you be performing sterile hazardous drug compounding? Yes ■ No

If you marked "Yes", you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
- GLP-1s (Semaglutide, Tirzepatide) with 5mg/mL glycine
- Amino Acids (Glycine, Carnitine, N-AC, Glutathione, etc.)
- Vitamins (Primarily B-complex vitamins)
- NAD+

12. What laboratory performs your sterility or endotoxin testing?

Name: Eagle Analytical

Address: 11111 S. Wilcrest Dr.

City: Houston State: TX Zip: 77099

Telephone: 800-745-8916

13. What is your procedure for visual inspection of compounded sterile products?
SOP: HC-STRL-P4.2.1.0 Process-Performing-Visual Inspections-v2.2.0
-6 pages outlining what to look for and document for visual inspections of CSPs
- Includes: Particulate, precipitates, transparency, color, container components and integrity, labeling, and many more descriptions of expected or unexpected CSP attributes throughout all steps of compounding, CR log and CSP release to fill, and repetitive visuals by 2 or more trained personnel throughout post-compounding Rx fill process for final dispensing.
- UV blacklight, white/black contrast backgrounds, and magnifiers available and utilized if needed, and photos typically rendered.

14. How often do you perform glove fingertip and medial fill testing?
Every 6 months at a minimum

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:
SOP: HC--STRL-P1.1.2.0 Personnel-Managing-Professional Development-v2.2.0
-Outlines thorough "theoretical and practical" competencies required prior to compounding
-Utilizing TRC Healthcare Critical Point, FDA's center for compounding excellence, etc. the frequencies and checklists for personnel training are tracked using Google Workspace's tasks and calendars
- Internal standards, especially in math and cleaning/microbiology are more rigorous than USP 797 standards, and aside from continual training with every SOP, training frequencies are planned on yearly, every 6 months, and monthly schedules to ensure training is proactive and a priority

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
PEC: Daily Preparation: Remove all items from the PEC surface. Clean/disinfect with sterile PeridoxRTU (at minimum weekly) or sterile TB1-3300 using sterile, low-lint wipes with unidirectional, overlapping strokes to ensure complete coverage. Finish with sterile 70% isopropyl alcohol (IPA) ensuring dwell times are reached for each agent. Sterile 70% IPA also used every 30 minutes, at the end of each batch, etc.
Secondary engineering controls: Daily use of TB1-3300 on all work surfaces, high contact items and areas, carts, floors, and sink. PreEmpt RTU sometimes substituted for daily use on floors. IPA 70% frequently used to aid removal of residue of sporicidal agents.
Monthly deep clean using sterile Periodox RTU on all surfaces, then also sterile IPA 70%
-Synexis continuous aerosolized dry hydrogen peroxide systems also used in both buffer and ante rooms.
- Peridox RTU required for all items staged into cleanroom, followed by IPA 70% prior to placement in any by-pass or staging cart

17. Who performs the sterile compounding process at your facility?

Currently, only Michael Stucki, PharmD

18. Who is responsible and accountable for the sterile compounding process at your facility?
Michael Stucki, PharmD and Designated Person (Sterile)

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Using only Fedex (vetted times and temperature conditions), CSPs are packaged with 2+ packaging systems to ensure all components remain intact, in controlled temperatures (studies performed to southern AZ, etc with temperature trackers), and communication/tracking numbers ensure patients are promptly notified and instructed on storage

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? Yes No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?		
6. What is the frequency for using sporicidal agents?		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	Yes	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	Yes	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Stucki

Name of Person who Completed the Form

Pharmacist, Designated Person

Title

Signature (copies or stamps not accepted)

7-17-25

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

160 E 300 S
P.O. Box 16741
Salt Lake City, UT 84114-6741

Phone: *(801) 530-6628*
Toll Free: *(866) 275-3675*
Online: *DOPL.utah.gov*
Email: *DOPLInvestigations@utah.gov*

CLASS A
RETAIL
PHARMACY

INSPECTION

☐ Opening ☑ Random

INFORMATION

Pharmacy Name: Hillcrest Pharmacy LLC Date: 6/30/25

License Number: 10633340-1703 Exp Date: 9/30/25

C.S. License Number: 10633340-8913 Exp Date: 9/30/25

DEA Registration: FH 7380188 Exp Date: 10/31/26

Pharmacy FEIN Number (Tax ID): 82-3679890

Pharmacy Email: hillcrestpharmacy17@gmail.com

Pharmacy Phone Number: 385-900-1400 Fax: 385-900-1990

Pharmacy Toll Free Number: 855-499-2556

Affiliated Websites: hillcrestpharmacysaves.com

Pharmacy Hours: Monday-Friday: 8:30AM-5:30PM Saturday: Closed Sunday: Closed

Pharmacy Address: 781 E Fort Union Blvd

City: Midvale State: UT Zip: 84047

Pharmacist In Charge (PIC): Jeffrey Ryan Abeyta

PIC License Number: 374023-1701 Expiration Date: 9/30/25

Personnel

List ALL pharmacists, interns, pharmacy technicians and techs-in-training (attach a separate sheet, if necessary):

Name:	License #	Title:	Exp:
See Attached			

Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:
Name:	License #	Title:	Exp:

INSPECTION

	YES	NO	
1	☑	☐	The facility shall maintain a current list of licensed employees involved in the practice of the pharmacy at the facility. The list shall include individual licensee names, license classifications, license numbers, and license expiration dates. The list shall be readily retrievable. The list may be maintained in paper or electronic form. [UAC R156-17b-614a (5)(a)(i-vi)(b)]
2	☑	☐	Notification has been provided to the Division in regards to the unique email address used for self audits or pharmacy alerts. The pharmacy will use a single email address and notify the Division of any change in the email address within seven days of the change. [UAC R156-17b-603 (2) and (3) (t) (i-ii)]
3	☑	☐	Notification has been provided to the Division in regards to the assignment of the PIC at the above stated pharmacy. The Division is notified of a change in PIC within 30 days of the change. [UAC R156-17b-603 (3) (s)]
4	☐	☐	If the facility has a pharmacy technician training program, the program and curriculum of education and training, meets standards established by Division rule made in collaboration with the Board. [UAC R156-17b-303a (3)] ☑ N/A
5	☑	☐	A pharmacy technician trainee shall practice only under the direct supervision of a pharmacist, and in a ratio not to exceed one pharmacy technician trainee to one pharmacist or two pharmacy technician trainees to one pharmacist, if a licensed pharmacy technician or intern is working during the same shift. [UAC R156-17b-601(4)(a)(i-ii)]
6	☑	☐	A licensed pharmacy technician shall practice under the general supervision of a licensed pharmacist. [UCA 58-17b-102 (57)]
7	☐	☐	A pharmacy technician may administer vaccines and emergency medications pursuant to delegation by a pharmacist... And is under "direct", on-site supervision by the delegating pharmacist as defined in R156-1-102a(4)(a); [UAC R156-17b-601 (3)(b)] ☑ N/A
8	☑	☐	The operating standards for a Pharmacist acting as a preceptor includes meeting the following criteria by providing direct, on-site supervision to no more than two pharmacy interns during a working shift. [UAC R156-17b-606(2)(a)(3)(a)]
9	☑	☐	In accordance with Subsection 58-17b-102(72)(b), supportive personnel shall be supervised by a licensed pharmacist or DMP. The licensed pharmacist or DMP shall be present in the area where the person being supervised is performing services and shall be immediately available to assist the person being supervised in the services being performed expect for the delivery of pre-filled prescriptions as provided in Subsection (1)(g) above. [UAC R156-17b-607 (3)] ☐ N/A
10	☑	☐	In accordance with Subsection 58-17b-102(72)(a), supportive personnel may assist in any tasks not related to drug preparation or processing, including: [UAC R156-17b-607 (1)(a-g)] ☐ N/A

☐ stock ordering and restocking;

☑ cashiering;

☐ billing;

☐ filing;
☐ receiving a written prescription and delivering it to the pharmacist, pharmacy intern, pharmacy technician, pharmacy technician trainee, DMP, or DMP designee;
☐ housekeeping;
☑ delivering a pre-filled prescription to a patient.

11 ☑ ☐ The pharmacist-in-charge (PIC) is responsible for ensuring that no pharmacy operates with a ratio of pharmacist or DMP to other pharmacy personnel in circumstances that result in, or reasonably would be expected to result in, an unreasonable risk of harm to public health, safety, and welfare; [UAC R156-17b-603 (3) (r)]

12 ☑ ☐ All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility does wear on their person a clearly visible and readable identification showing the individual's name and position. [UCA 58-17b-603 (1)]

13 ☐ ☑ The facility conducts a pharmacy self-audit on a form provided by the Division, in accordance with the the following time frames: within 30 days of a change of consulting pharmacist, PIC, DMPIC, or RDPIC; within 30 days of the opening of a new facility; and at least 90 days before the end of each license renewal cycle. The facility maintains each pharmacy self-audit form for two years from the date of the self-audit. [UCA R156-17b-603 (3)(u)(i-iv)]

Date of last self inspection:_____

14 ☑ ☐ The facility or parent company shall maintain a record for at least five years of the initials or identification codes that identify each dispensing pharmacist or DMP by name. The initials or identification code shall be unique to ensure that each pharmacist or DMP can be identified; therefore identical initials or identification codes may not be used. [UAC R156-17b-614a (8)]

15 ☑ ☐ The facility does have current and retrievable editions of the following reference publications in print or electronic format and readily available and retrievable by facility personnel:
[UAC R156-17b-614a (4) (a-k)]

- ☑ UCA 58-1 (DOPL Licensing Act)
- ☑ UCA 58-17b (Pharmacy Practice Act)
- ☑ UCA 58-37 (Controlled Substance Act)
- ☑ UCA 58-37f (Controlled Substance Database Act)
- ☑ Code of Federal Regulations Title 21 parts 1300 to end
- ☑ General Drug References
- ☑ UAC R156-1 (General Rules of DOPL)
- ☑ UAC R156-17b (Pharmacy Practice Act Rules)
- ☑ UAC R156-37 (Controlled Substance Act Rules)
- ☑ UAC R156-37f (Controlled Substance Database Act Rule)
- ☑ FDA Approved Drug Product (Orange Book)

16 ☑ ☐ The facility is well lighted, ventilated, clean and sanitary. [UAC R156-17b-614a (1) (a)]

17 ☑ ☐ If transferring a drug from a manufacturer's or distributor's original container to another container, the dispensing area, shall have a sink with hot and cold culinary water separate and apart from restroom facilities. All required equipment shall be clean and in good operating condition. [UAC R156-17b-614a (1) (b)] ☐ N/A

18 ☑ ☐ The facility is equipped to permit the orderly storage of prescription drugs and durable medical equipment in a manner to permit clear identification, separation and easy retrieval of products and an environment necessary to maintain the integrity of the product inventory. [UAC R156-17b-614a (1) (d)]

19 ☑ ☐ The facility is equipped to permit practice within the standards and ethics of the profession as dictated by the usual and ordinary scope of practice to be conducted within that facility. [UAC R156-17b-614a (1) (e)]

20 ☑ ☐ All out of date legend drugs and controlled substances shall be removed from the inventory at regular intervals and in correlation to the beyond use date imprinted on the label.
[UAC R156-17b-605(1)]

21 ☑ ☐ The facility is stocked with the quality and quantity of product necessary for the facility to meet its scope of practice in a manner consistent with the public safety. [UAC R156-17b-614a (1) (f)]

22 ☐ ☐ If dispensing controlled substances, the facility is equipped with a security system to permit detection of entry at all times when the facility is closed, and provide notice of unauthorized entry to an individual, and be equipped with a lock where drugs are stored and be securely locked when the pharmacy department is closed. [UAC R156-17b-614a (1)(g)(i-ii)(h)(i-ii)]
N/A ☑

23 ☑ ☐ If the pharmacy does not store drugs in a locked cabinet and has a drop/false ceiling, the pharmacy's perimeter walls shall extend to the hard deck, or other measures shall be taken to prevent unauthorized entry into the pharmacy. [UAC R156-17b-614a (15)]
N/A ☐

24 ☑ ☐ Only a licensed Utah pharmacist or authorized pharmacy personnel does have access to the pharmacy when the pharmacy is closed. [UAC R156-17b-614a (7)]

25 ☑ ☐ A pharmacy shall not dispense a prescription drug or device to a patient unless a pharmacist is physically present and immediately available in the facility. [UAC R156- 17b-614a (6)]

26 ☑ ☐ The temperature of the pharmacy is maintained within a range compatible with the proper storage of the drugs. [UAC R156-17b-614a (3)]

27 ☑ ☐ The temperature of the refrigerator and freezer is maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing. The pharmacy shall keep a daily written or electronic log of the temperature of the refrigerator or freezer on days of operation. The pharmacy shall retain the log for three years. [UAC R156-17b-614a (3)]
N/A ☐

28 ☑ ☐ For the purpose of promoting therapeutic appropriateness, a pharmacist shall at the time of dispensing a prescription, or a prescription drug order, review the patient's medication record. Such review shall at a minimum identify clinically significant conditions, situations or items, such as: [UAC R156-17b-611 (2) (a-g)]

- ☑ Inappropriate drug utilization
- ☑ Drug-disease contraindications
- ☑ Incorrect drug dosage
- ☑ Drug-allergy interactions
- ☑ Therapeutic duplications
- ☑ Drug-drug interactions
- ☑ Incorrect duration of drug treatment
- ☑ Clinical abuse or misuse

29 ☑ ☐ Facility does have a counseling area to allow for confidential patient counseling. [UAC R156-17b-614a (1)(i)]

30 ☑ ☐ Every pharmacy shall verbally offer to counsel a patient or a patient's agent in a personal face-to-face discussion regarding each prescription drug dispensed. If the patient or patient's agent delivers the prescription in person to the pharmacist or pharmacy intern; or receives the drug in person at the time it is dispensed at the facility. [UCA 58-17b-613 (1)]

31 ☑ ☐ A pharmacist or pharmacy intern that receives a prescription from a patient by means other than personal delivery, and that dispenses prescribed drugs to the patient by means other than personal delivery shall provide the patient with a telephone number by which the patient can contact the pharmacist or pharmacy intern at the pharmacy for counseling regarding the prescribed drug. [UCA 58-17b-613(2)]
N/A ☐

32 ☑ ☐ if a prescription drug order is delivered to the patient or the patient's agent at the patient's or other designated location, the following is applicable: [UCA R156-17b-610(6)(a-c)]
N/A ☐

- ☑ the pharmacy shall provide the information specified in R156-17b-610(3) be delivered with the dispensed prescription in writing.

☑ if prescriptions are routinely delivered outside the area covered by the pharmacy's local telephone service, the pharmacist shall place on the prescription container or on a separate sheet delivered with the prescription container, the telephone number of the pharmacy and the statement "Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions."

☑ written information provided in Subsection (b) of this section shall be in the form of patient information leaflets similar to USP-NF patient information monographs or equivalent information.

33 ☑ ☐ The offer to counsel is documented and said documentation shall be available to the Division. These records must be maintained for a period of five years and be available for inspection within 7-10 business days. [UAC R156-17b-610 (4)]

34 ☑ ☐ A pharmacy may only deliver a prescription drug to a patient or patient's agent in person at the pharmacy or via the United States Postal Service, a licensed common carrier, or supportive personnel, if the pharmacy takes reasonable precautions to ensure the prescription drug is delivered to the patient or patient's agent or returned to the pharmacy. [UCA 58-17b-602(9)(a)(b)(i-ii)]

N/A ☐

35 ☑ ☐ A pharmacy that employs the United States Postal Service or other common carrier to deliver a filled prescription to a patient shall: [UAC R156-17b-608(1)(a-e)(2)(a-c)]

N/A ☐

☑ Use adequate storage or shipping containers and shipping processes to ensure drug stability and potency. The shipping processes shall include the use of appropriate packing material and devices, according to the recommendations of the manufacturer or the United States Pharmacopeia Chapter 1079, in order to ensure that the drug is kept at appropriate storage temperatures throughout the delivery process to maintain the integrity of the medication.

☑ Use shipping containers that are sealed in a manner to detect evidence of opening or tampering.

☑ have policies and procedures to ensure accountability, safe delivery, and compliance with temperature requirements, including when drugs do not arrive on time or there is evidence that the integrity of a drug was compromised and providing for the replacement of those drugs.

☑ Provide for an electronic, telephonic, or written communication mechanism for a pharmacy to offer counseling to the patient in accordance with sections 58-17b-613 and R156-17b-610; and provide documentation of such counseling.

☑ Provide information to the patient indicating what the patient should do if the integrity of the package or drug was compromised during shipment.

36 ☑ ☐ Each drug dispensed from the pharmacy does have a label securely affixed to the container indicating the required minimum information, including: [UCA 58-17b-602 (5) (a) (i-viii)]

- ☑ name, address, & phone number of pharmacy
- ☑ filling date or last dispensing date
- ☑ name of the prescriber
- ☑ trade, generic or chemical name

(Unless Otherwise Indicated by Prescriber)

- ☑ serial number of prescription
- ☑ name of the patient or animal owner/species
- ☑ directions for use & cautionary statements
- ☑ amount dispensed & strength of dosage form
- ☑ beyond use date

37 ☑ ☐ Unless otherwise requested, child-resistant containers are used for dispensing medications to patients. [16 CFR 1700.15]

38 ☑ ☐ Controlled substances are not accepted back for destruction unless allowed for by state and federal law. [UAC R156-37-606 (1-2) & 21 CFR 1307.22]

39 ☐ ☐ The registered pharmacy only processes electronically signed prescriptions for controlled substances under the following conditions: the pharmacy uses a pharmacy application that
N/A ☑ meets all the applicable requirements; the prescription is otherwise in conformity with the requirements of the Code of Federal Regulations; and Certification Authority (CA) has been obtained. The electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form and at no time may the prescription be converted to another form *(i.e. facsimile)* for transmission. [UAC R156-17b-613(1) & 21 CFR 1311]

40 ☑ ☐ Prescription files, including refill information, is maintained for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

41 ☑ ☐ Prescription records may be maintained electronically so long as the original of each prescription, including telephone prescriptions, is maintained in a physical file and contains all of the information required by federal and state law; and an automated data processing system is used for the storage and immediate retrieval of refill information for prescription orders. [UAC R156-37-602 (4) (a-b)]

42 ☐ ☐ All records relating to Schedule II controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the
N/A ☑ pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (5)]

43 ☐ ☐ All records relating to Schedule III, IV, V controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other
N/A ☑ records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (6)]

44 ☑ ☐ Requirement for annual controlled substances inventory shall be within 12 months following the inventory date of each year and may be taken within four days of the specified inventory date
N/A ☐ and shall include all stocks including out-of-date drugs and drugs in automated pharmacy systems. [UAC R156-17b-605 (4)]

45 ☐ ☐ Requirements for taking the initial controlled substances inventory shall include the following: pharmacies having stock of controlled substances shall take an inventory, including out-of-date
N/A ☑ drugs and drugs in automated pharmacy systems, on the opening day of business; if a pharmacy commences business with no Schedule I or II controlled substances, the pharmacy shall record this fact as the initial inventory and shall document Schedule I and II controlled substance inventory separately from an inventory reporting no Schedule III, IV, and V controlled substances; the initial inventory shall serve as the pharmacy's inventory until the next completed inventory as specified in Subsection (4) of this section. [UAC R156-17b-605 (3) (a-c)]

46 ☑ ☐ General Requirements for inventory of a pharmacy shall include: [UAC R156-17b-605 (2)(a)(b)(c)(f)(g) (h)(k)(l)]
N/A ☐

- ☑ the PIC shall be responsible for taking all required inventories, but may delegate the performance of the inventory to another person or persons;
- ☑ the inventory records shall be maintained for a period of five years and be readily available for inspection
- ☑ the inventory records shall be filed separately from all other records
- ☑ the inventory may be taken either as the opening of the business or the close of business on the inventory date;
- ☑ the person taking the inventory and the PIC shall indicate the time the inventory was taken and shall sign and date the inventory with the date the inventory was taken. The signature of the PIC and the date of the inventory shall be documented within 72 hours or three working days of the completed initial, annual, change of ownership and closing inventory.

☑ the inventory of Schedule I and II controlled substances shall be listed separately from the inventory of Schedule III, IV and V controlled substances;

☑ if the pharmacy maintains a perpetual inventory of any of the drugs required to be inventories, the perpetual inventory shall be reconciled on the date of the inventory.

47 ☐ ☐ N/A ☑ All pharmacies shall maintain a perpetual inventory of all Schedule II controlled substances that shall be reconciled according to facility policy. [UAC R156-17b-605(6)]

48 ☐ ☐ N/A ☑ The pharmacy does reconcile its controlled substance inventory to account for shortages of controlled substances. [UAC R156-17b-603 (3) (j) & R156-37-502(4)]

49 ☑ ☐ Any facility who experiences any theft, including diversion, or significant loss of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Investigation Bureau Division; and report the incident to the local law enforcement agency. [UAC R156-37-602 (2)]

50 ☐ ☐ N/A ☑ Pharmacists or other responsible individuals do verify that the suppliers' invoices of controlled substances, listed on the invoices were actually received by clearly recording their initials and the actual date of receipt of the controlled substances. [UAC R156-17b-614a (11)]

51 ☐ ☐ N/A ☑ The facility shall maintain a record of suppliers' credit memos for controlled substances [UAC R156-17b-614a (12)]

52 ☐ ☐ N/A ☑ The facility does maintain a copy 3 of DEA order form (form 222) which has been properly dated, initialed, and filed and all copies of each unaccepted or defective order form and any attached statements or other documents. [UAC R156-17b-614a(9)]

53 ☐ ☐ N/A ☑ The Division shall implement on a statewide basis, including non-resident pharmacies as defined in Section 58-17b-102, the following two options for a pharmacist to submit information: real-time submission of the information required to be submitted under this part of the controlled substance database; and 24-hour daily or next business day, whichever is later, batch submission of the information required to be submitted under this part to the controlled substance database. [UCA 58-37f-203(1)(a)(i,ii)]

54 ☐ ☐ N/A ☑ In accordance with 58-37f-203(6), the pharmacist-in-charge and the pharmacist identified in Subsections 58-37f-203(2) and (3) shall provide the following data fields to the Division: the state that issued identification, type of identification used, identification number used and first and last name of individual picking up dispensed drug. [UCA R156-37f-203 (4) (bb-ff)]

55 ☐ ☑ The pharmacy maintains emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMT's, ambulances)? If the answer is "yes", note name(s) of facilities or entities.

56 ☐ ☑ The pharmacy maintains automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home? If the answer is "yes", note type and location.

57 ☑ ☐ The pharmacy utilizes an Automated Pharmacy System? If the answer is "yes" to this question, a automation questionnaire must be completed. [UAC R156-17b-620]

58 ☑ ☐ The facility is engaged in hazardous drug compounding as defined by USP-NF Chapter 800. If you answer "yes" to this question, a compounding questionnaire must be completed.

59 ☑ ☐ The facility is engaged in compounding activities as defined by USP 35 Chapter 795. If you answer "yes" to this question, a compounding questionnaire must be completed. [(UAC R156-17b-614a (2)]

60 ☑ ☐ The facility is engaged in *sterile* compounding as defined by USP 35 Chapter 797. If you answer "yes" to this question, a compounding questionnaire must be completed. [UAC R156-17b-614a (2)]

COMMENTS

Assisted by Pharmacist/Part Owner Devin Meier and Pharmacy Technician/Owner Justin Meier.

A current list of licensed employees was available for inspection.

The pharmacy does not administer vaccinations.

Personnel ratios were compliant on the day of inspection.

The pharmacy utilizes support personnel for cashiering and delivery services.

Personnel having contact with the public are wearing identification.

The pharmacy did not conduct a self-inspection 90 days prior to the 2023 renewal cycle. This was not noted during the last inspection conducted 5/2024. The pharmacy plans to conduct the self-inspection for the 2025 renewal cycle in the next couple of days.

Temperature logs are kept digitally. Temperature monitoring is done using Mocreo. PIC and Pharmacist Michael Stucki are notified of temperature excursions.

Four unidentifiable medications were found in the pharmacy stock. No out-of-date medications were found in the pharmacy stock.

The pharmacy mails and delivers prescription medications. Requirements for mailing and delivery are compliant.

The pharmacy holds a controlled substance license but does not carry/dispense controlled substances.

Prescription labels are compliant.

Zero inventories of CII and CIII-CV were conducted. 2020-2025 inventories were inspected and compliant.

The pharmacy has an automated pharmacy system and engages in non-sterile and sterile compounding. An automated pharmacy system, non-sterile and sterile compounding inspections were conducted.

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: Date: 6/30/25

Name of Responsible Party (Print): Devin Meier

Signature of Division Investigator: Date: 6/30/25

Name of Division Investigator (Print): Kaila Silcox

Revised 3/2025

UTAH DEPARTMENT OF COMMERCE
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NON-STERILE COMPOUNDING

INSPECTION

☐ Opening ☑ Random

INFORMATION

Pharmacy Name: Hillcrest Pharmacy LLC Date: 6/30/25

Pharmacy License Number: 10633340-1703 Expiration Date: 9/30/25

Controlled Substance License Number: 1063340-8913 Expiration Date: 9/30/25

DEA Registration Number: FH7380188 Expiration Date: 10/31/26

Pharmacist-in-Charge (PIC): Jeffrey Abeyta

Pharmacist-in-Charge License Number: 374023-1701 Expiration Date: 9/30/25

Compounding Facilities engaged in simple, moderate or complex non-sterile or any level of sterile compounding activities shall be required to maintain proper records and procedure manuals and establish quality control measures to ensure stability, equivalency where applicable and sterility. The following requirements shall be met:(a)Shall follow USP-NF Chapter 795, compounding of non-sterile preparations, and USP-NF Chapter 797 if compounding sterile preparations [UAC R156-17b-614a (3)]

GENERAL OPERATIONS AND INFORMATION

	Yes	No	
1	☑	☐	Compounders shall acquire and maintain knowledge and skills in all areas (e.g., dosage form, patient population, and medical specialty) for which they compound. [USP-NF Chapter 795—*Categories of Compounding*]

Which categories of compounding does the facility perform?

2	☑	☐	**Simple**- Making a preparation that has a *United States Pharmacopeia (USP)* compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability date for that formulation with appropriate BUDs; or reconstitution or manipulation commercial products that may require the addition of one or more ingredients as directed by the manufacturer. Examples include *Captopril Oral Solution,* and *Indomethacin Topical Gel,* and *Potassium Bromide Oral Solution, Veterinary.* [USP-NF Chapter 795—*Categories of Compounding—Description of Categories*]
	☑	☐	**Moderate-** Making a preparation that requires special calculations or procedure (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units; or making a preparation for which stability data for that specific formulation are not available. Examples include *Morphine Sulfate Suppositories,* diphenhydramine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known. [USP-NF Chapter 795—*Categories of Compounding—Description of Categories*]
	☐	☑	**Complex-** Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects. [USP-NF Chapter 795—*Categories of Compounding—Description of Categories*]
3	☑	☐	The preparation, mixing, assembling, altering, packaging, and labeling of a drug, drug-delivery device, or device is in accordance with a licensed practitioner's prescription, medication order, or initiative based upon the practitioner/patient/pharmacist/compounder relationship in the normal course of professional practice[USP-NF Chapter 795—*Definitions—Compounding]*
4	☐	☑	Does the facility compound nonsterile prescriptions which are then delivered to a practitioner for administration to the patient in the office, clinic or facility?

	Yes	No	
5	☐	☑	A pharmacy licensed under this chapter may, subject to rules established by the Division, repackage or compound a prescription drug for sale to a practitioner if: the prescription drug: does not include a compounded drug; or includes a compounded drug; and is not a controlled substance; the pharmacy labels the prescription drug "for office use only"; the practitioner administers the drug to a patient in the practitioner's office or facility; and except in accordance with Title 58, Chapter 17b, Part 8, Dispensing Medical Practitioner and Dispensing Medical Practitioner Clinic Pharmacy, the practitioner does not dispense the drug to the patient. [UCA 58-17b-624(1)(a)(i)(ii)(A)(B)(b)(c)(d)] Pursuant to Section 58-17b-624, a pharmacy may repackage or compound a prescription drug for sale to a practitioner for office use provided that it is in compliance with all applicable federal and state laws and regulations regarding the practice of pharmacy, including, but not limited to the Food, Drug, and Cosmetic Act, 21 U.S.C A § 301 et seq. [R156-17b-624]
6	☐	☑	Does the facility distribute non-sterile compounded preparations to hospitals, clinics, or surgery centers?
7	☐	☑	Does the facility have a sales force that distributes samples containing active ingredients? List on separate sheet.
8	☐	☑	Does the facility provide non-sterile compounded preparations to other pharmacies for dispensing?
9	☑	☐	What does the facility compound? ☐ Tablets ☑ Liquids ☐ Troches ☑ Ointments ☑ Capsules ☐ Lozenges ☑ Creams ☐ Suppositories ☐ Patches ☐ Sprays ☐ Powders ☐ Oral Pastes ☐ Transdermals ☐ _____ ☐ _____ ☐ _____
10	☐	☑	Does the facility compound vitamins or nutritional supplements? If so, list on separate sheet.
11	☐	☑	Does the facility compound investigational drugs? If so, list on separate sheet.
12	☐	☑	The facility does not prepare a prescription drug in a dosage form which is regularly and commonly available from a manufacturer in quantities and strengths prescribed by a practitioner. [UCA 58-17b-502 (13)]
13	☑	☐	Does the facility perform compounding with hazardous drugs?
14	☑	☐	Does the facility segregate hazardous drugs from normal compounding stock?
15	☑	☐	MSDSs shall be readily accessible to all employees working with drug substances or bulk chemicals located on the compounding facilities premises. Employees should be instructed on how to retrieve and interpret needed information. [USP-NF Chapter 795—*Compounding Documentation—Material Safety Data Sheets File*]
16	☑	☐	Does the facility make non-sterile compounded preparations using bulk powder active pharmaceutical ingredients?
17	☑	☐	All significant procedures performed in the compounding area should be covered by written standard operating procedure (SOPs). Implementing SOPs establishes procedural consistency and also provides a reference for orientation and training of personnel. To ensure accountability, accuracy, quality, safety and uniformity in compounding procedures should be developed for the following: [USP-NF Chapter 795—*Compounding Documentation—Standard Operating Procedures*] ☑ Facility ☑ Equipment ☑ Personnel ☑ Packaging ☑ Storage ☑ Preparation
18	☑	☐	A *United States Pharmacopeia (USP), National Formulary (NF), or Food Chemical Codex (FCC)* substance is the recommended source of all ingredients for compounding all preparations. [USP-NF Chapter 795—*Component Selection, Handling, and Storage(1)*]
19	☑	☐	Bulk active ingredients must be procured from a facility registered with the federal Food and Drug Administration and must not be listed on the federal Food and Drug Administration list of drug products withdrawn or removed from the market for reasons of safety or effectiveness. [R156-17b-614a (3)(c)(i)(ii)]

20 ☑ ☐ Bulk containers are labeled with appropriate Occupational Safety and Health Administration (OSHA) hazard communication labels (see OSHA.gov), and Material Safety Data Sheets (MSDSs) are available to compounding personnel for all drugs and chemicals used in compounding. [USP-NF Chapter 795—*Responsibilities of the Compounder—General Principles of Compounding (3)*]

BEYOND USE DATING

21 ☑ ☐ All components used in the compounding of preparations must be store as directed by the manufacturer or according to *USP*, *NF*, or *FCC* monograph requirements, in a clean area, and under appropriation temperatures and humidity conditions (controlled room temperature, refrigerator, or freezer). [USP-NF Chapter 795—*Component Selection, Handling, and Storage (11)*]

22 ☑ ☐ For components that do not have expiration dates assigned by the manufacture or supplier, the compounder shall label the container with the date of receipt and assign a conservative expiration date, not to exceed three years after receipt, to the component (see the *General Notices and Requirements, Preservatian, Packaging, Storage, and Labeling, Labeling, Expiration Date and Beyond-Use Date)* based on the nature of the component and its degradation mechanism, the container in which it is packaged, and the storage conditions. [USP-NF Chapter 795—*Component Selection, Handling, and Storage(6)*]

23 ☑ ☐ If the component has been transferred to a different container, that container shall be identified with the component name, lot or control number, transfer date, and expiration date and shall provide integrity that is equivalent to or better than that of the original container. [USP-NF Chapter 795—*Component Selection, Handling, and Storage(5)*]

24 ☑ ☐ The compounder shall ensure that the container and container closures used in packaging compounded preparations meet *USP* requirements (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Containers; Containers—Glass* <660>; *Containers—Plastics*<661>; *Containers—Performance Testing* <671>; Chapter <681>; Chapter <1136>; *Packaging Practice—Repackaging a Single Solid Oral Drug Product into a Unit-Dose Container*<1146>); and when available, compounding monographs. Compounders are not expected to perform the tests described in these chapters but should be knowledgeable about the stands described in them. [USP-NF Chapter 795—*Packaging and Drug Preparation Containers*]

25 ☑ ☐ The containers and closures shall be stored off the floor, handled and stored to prevent contamination, and rotated so that the older stock is used first. The containers and container closures shall be stored in such a way as to permit inspection and cleaning of the storage area. [USP-NF Chapter 795—*Packaging and Drug Preparation Containers*]

26 ☑ ☐ The BUD is the date after which a compounded preparation shall not be used and is determined from the date when the preparation is compounded. [USP-NF Chapter 795—*Stability Criteria and Beyond-Use Dating*]

27 ☑ ☐ The beyond use date assigned shall be based on currently available drug stability information and sterility considerations or appropriate in-house or contract service stability testing. [R156-17b-614a (3)(g)]

28 ☑ ☐ Sources of drug stability information shall include the following: [R156-17b-614a (3)(g)(i)(A)(B)(C)]
☑ References can be found in "Trissel's Handbook on Injectable Drugs", 17th Edition, October 31, 2012 ☑ Manufacturer recommendations ☐ Reliable, published research

29 These maximum BUDs (shown below) are recommended for non-sterile compounded drug preparations in the absence of stability information that is applicable to a specific drug or preparation. They are packaged in tight, light resistant containers and stored at controlled room temperature. The BUD shall not be later than the expiration date on the container of any component. [USP-NF Chapter 795—*Stability Criteria and Beyond-Use Dating—General Guidelines for Assigning Beyond-Use Dates*]

☑ ☐ BUDs for Nonaqueous Formulations—The BUD is not later that the time remaining until the earliest expiration date of any API or 6 months, whichever is earlier.

☑ ☐ BUDs for Water-Containing Oral Formulations—The BUD is not later than 14 days when stored at controlled cold temperatures.

☑ ☐ BUDs for Water-Containing Topical/Dermal and Mucosal Liquid and Semisolid Formulations—The BUD is not later than 30 days.

ENVIRONMENT

30 ☑ ☐ Compounding facilities shall have an adequate space that is specifically designated for compounding of prescriptions. This space shall provide the orderly placement of equipment and materials to prevent mixups among ingredients, containers, labels, in-process materials and finished preparations and is designed, arranged and used to prevent adventitious cross-contamination. [USP-NF Chapter 795—*Compounding Facilities*]

31 ☑ ☐ Areas used for sterile preparations shall be separated and distinct from the nonsterile compounding area (see Chapter <797>, *Environmental Quality and Control*). [USP-NF Chapter 795—*Compounding Facilities*]

32 ☑ ☐ Compounding is done in an appropriately clean and sanitized area dedicated to this activity (see section *Compounding Facilities*). [USP-NF Chapter 795—*Compounding Process—Criteria When Compounding Each Drug Preparation (4)*]

33 ☑ ☐ Only one preparation is compounded at one time in a specific workspace. [USP-NF Chapter 795—Compounding Process—*Criteria When Compounding Each Drug Preparation (5)*]

34 ☑ ☐ The entire compounding and storage area should be well lighted. [USP-NF Chapter 795—*Compounding Facilities*]

35 ☑ ☐ Heating, ventilation, and air conditioning systems shall be controlled to avoid decomposition and contamination of chemicals (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Storage Temperature and Humidity;* and the manufacturers' labeled storage conditions). [USP-NF Chapter 795—*Compounding Facilities*]

36 ☑ ☐ Potable water shall be supplied for hand washing and equipment washing. *Purified Water* (see *Purified Water* monograph) shall be used for compounding nonsterile preparations when formulations indicate the inclusion of water. *Purified Water* should be used for rinsing equipment and utensils. [USP-NF Chapter 795—*Compounding Facilities*]

37 ☑ ☐ Hazardous drugs shall be stored, prepared, and handled by appropriately trained personnel under conditions that protect the healthcare workers and other personnel. [USP-NF Chapter 795—*Compounding Facilities*]

38 ☑ ☐ Disposal of all hazardous drugs wastes shall comply with all applicable federal and state regulations. All personnel who perform routine custodial waste removal and cleaning activities in storage and preparation areas for hazardous drugs shall be trained in appropriate procedure to protect themselves and prevent contamination. [USP-NF Chapter 795—*Compounding Facilities*]

TRAINING

39 ☑ ☐ Personnel are appropriately trained and are capable of performing and qualified to perform their assigned duties. Such training should be documented. Compounding personnel should be evaluated annually. [USP-NF Chapter 795—*Responsibilities of the Compounder—General Principles of Compounding (1), Training*]

40 ☑ ☐ All employees involved in pharmaceutical compounding shall read and become familiar with the chapter (USP-NF Chapter 795). They should also become familiar with the contents of the *USP Pharmacists' Pharmacopoeia* and other relevant publications, including how to read and interpret MSDS. [USP-NF Chapter 795—*Training*]

41 ☑ ☐ All employees shall read and become familiar with each of the procedures related to compounding, including those involving the facility, equipment, personnel, actual compounding, evaluation, packaging, storage, and dispensing. [USP-NF Chapter 795—Training]

COMPOUNDING EQUIPMENT

42 ☑ ☐ All equipment used in compounding is clean, properly maintained, and used appropriately. [USP-NF Chapter 795—Responsibilities of the Compounder—General Principles of Compounding (4)]

43 ☑ ☐ Equipment shall be stored to protect it from contamination and shall be located to facilitate its use, maintenance and cleaning. Automated, mechanical, electronic, and other types of equipment used in compounding or testing of compounded preparations shall be routinely inspected, calibrated as necessary, and checked to ensure proper performance. Immediately before compounding operations, the equipment shall be inspected by the compounder to determine its suitability for use. After use, the equipment shall be appropriately cleaned. [USP-NF Chapter 795—Compounding Equipment]

DOCUMENTATION

44 ☑ ☐ A master worksheet shall be developed and approved by a pharmacist for each batch of sterile or non-sterile pharmaceuticals to be prepared. Once approved, a duplicate of the master worksheet shall be used as the preparation worksheet from which each batch is prepared an on which all document for that batch occurs. The master worksheet may be stored electronically and shall contain at a minimum: [UAC R156-17b-614a (3)(d)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(A-D)(ix)(A-D)(x)(xi)(xii)(xiii)]

- ☑ Official or assigned name
- ☑ Calculations needed to determine and verify quantities of components and doses of active pharmaceutical ingredients
- ☑ Equipment needed to prepare the preparation
- ☑ Container used in dispensing
- ☑ Quality control procedures and expected results
- ☑ Description of final preparation
- ☑ Strength
- ☑ Description of all ingredients and their quantities
- ☑ Mixing instructions, which shall include: order of mixing, mixing temperature or other environmental controls, duration of mixing, and other factors pertinent to the replication of the preparation as compounded
- ☑ Packaging and storage requirements
- ☑ Dosage form of the preparation
- ☑ Compatibility and stability information, including references when available
- ☑ Sample labeling information, which shall contain, in addition to legally required information: generic name and quantity or concentration of each active ingredient, assigned beyond use date, storage conditions, and prescription or control number, whichever is applicable

45 ☑ ☐ A preparation worksheet for each batch of sterile or non-sterile pharmaceuticals shall document the following: [UAC R156-17b-614a (3)(e)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(ix)(x)(xi)(xii)(A-D)(xiii)(A,B,C,D)(I-III)(xiv)(xv)(xvi)]

- ☑ Official or assigned name
- ☑ Names and quantities of all components
- ☑ Name of the person who prepared the preparation
- ☑ Date of the preparation
- ☑ Proof of duplicate labeling information, which shall: be kept at the pharmacy, be immediately retrievable; include an audit trail for any altered form, and be reproduced in: the original format that was dispensed, and electronic version, or a scanned electronic version
- ☑ Strength and dosage of the preparation
- ☑ Sources, lot numbers, and expiration dates of components
- ☑ Name of the compounder who approved the preparation
- ☑ Assigned control number, if for anticipation of use or prescription number, if patient specific, whichever is applicable
- ☑ Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver
- ☑ Description of final preparation
- ☑ Master Formulation Record reference for the preparation
- ☑ Total quantity compounded
- ☑ Name of the person who performed the quality control procedures
- ☑ Duplicate label as described in the Master Formulation Record means the sample labeling information that is dispensed on the final product given to the patient and shall at minimum contain: active ingredients, beyond-use-date, storage conditions, and lot number
- ☑ Results of quality control procedures (e.g., weight range of filled capsules, pH of aqueous liquids)

46 ☑ ☐ Compounding records including the master worksheet, preparation worksheet, and prescription files, including refill information shall be maintained for a minimum of five years and be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

47 ☑ ☐ There shall a documented, ongoing quality control program that monitors and evaluates personnel performance, equipment and facilities that follow USP-NF Chapters 795 and 797 standards. [R156-17b-614a (3)(h)]

COMPOUNDING PROCEDURES

48 ☑ ☐ Only authorized personnel are allowed in the immediate vicinity of the compounding operations. [USP-NF Chapter 795—Responsibilities of the Compounder—General Principles of Compounding(6)]

49 ☑ ☐ Personnel engaged in compounding maintain good hand hygiene and wear clean clothing appropriate to the type of compounding performed (e.g., hair bonnets, coats, gowns, gloves, face masks, shoes, aprons, or other items) as needed for protection of personnel from chemical exposures and for preventions of drug contamination. [USP-NF Chapter 795—Compounding Process—Criteria When Compounding Each Drug Preparation (8)]

50 ☑ ☐ Critical processes (including but not limited to weighing, measuring, and mixing) are verified by the compounder to ensure that procedures, when used, will consistently result in the expected qualities in the finished preparation. [USP-NF 795—Compounding Process—Criteria When Compounding Each Drug Preparation]

PRESCRIPTION LABELING

51 ☑ ☐ All prescription labels for compounded sterile and non-sterile medications when dispensed to the ultimate user or Agent shall bear at a minimum in addition what is required in Section 58-17b-602 the following: [UAC R156-17b-614a (3)(h)(i)(ii)(iii)]

- ☑ generic name and quantity or concentration of each active ingredient. In the instance of a sterile preparation for parenteral use, labeling shall include the name and base solution for infusion preparation;
- ☑ assigned compounding record or lot number;
- ☑ "This is a compounded preparation" or similar language.

PATIENT COUNSELING AND COMMUNICATION

52 ☑ ☐ At the time of dispensing the prescription, the patient or the patient's agent shall be counseled about proper use, storage, handling, and disposal of the compounded preparation. The patient or the patient's agent shall also be instructed to report any adverse event and to observe and report to the compounder any changes in the physical characteristics of the compounded preparation (see Chapter <1191>, *Responsibility of the Pharmacist*). The compounder shall investigate and document any reported problem with a compounded preparation and shall take corrective action. [USP-NF Chapter 795—*Patient Counseling*]

VETERINARY COMPOUNDING

53 ☐ ☑ Does the facility compound for veterinary use?

54 ☐ ☐ If compounding for both humans and animals, are the API's or other components that are labeled for veterinary use only are segregated or marked in such way to prevent them from being used for human compounding?

55 ☐ ☐ The pharmacist shall be knowledgeable about the individual species' limitation in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used in compounded preparations. For this reason, compounders making preparations for animals should use, when possible, formulations specifically developed for animal patients. If such formulations are not available, the compounder shall conduct a literature review to determine whether a specific component of the formula is toxic to the target species. [USP-NF Chapter 795—Compounding For Animal Patients]

COMMENTS (Use an additional sheet if necessary)

Assisted by Justin Meier, Technician/Owner and Devin Meier Pharmacist/Owner.

The facility does compound simple and moderate risk compounding.

Stability assignment is based on Trissel's and manufacturer recommendations.

SOPs were reviewed, present and compliant for nonsterile compounding.

Training for Hazardous compounding was present and compliant.

Cleaning logs were reviewed and compliant.

Manufacturing Records were reviewed and compliant.

Compounding Records were reviewed and compliant. Note the attached duplicate labels are viewed through Pioneer's software.

Prescription labels were reviewed and compliant.

The facility does not currently compound for veterinary patients, but plans on it in the future.

☐ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: _____ Date of Signature: 6/30/25

Signature of Division Investigator: _____ Date of Signature: 6/30/25

UTAH DEPARTMENT OF COMMERCE
Division of Professional Licensing

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STERILE COMPOUNDING

INSPECTION

☐ Opening ☑ Random

INFORMATION

Pharmacy Name: Hillcrest Pharmacy LLC Date: 6/30/25

Pharmacy License Number: 10633340-1703 Expiration Date: 9/30/25

Controlled Substance License Number: 10633340-8913 Expiration Date: 9/30/25

DEA Registration Number: FH7380188 Expiration Date: 10/31/26

Pharmacist-in-Charge (PIC): Jeffrey Ryan Abeyta

Pharmacist-in-Charge License Number: 374023-1701 Expiration Date: 9/30/25

Compounding Facilities engaged in simple, moderate or complex non-sterile or any level of sterile compounding activities shall be required to maintain proper records and procedure manuals and establish quality control measures to ensure stability, equivalency where applicable and sterility. The following requirements shall be met:(a)Shall follow USP-NF Chapter 795, compounding of non-sterile preparations, and USP-NF Chapter 797 if compounding sterile preparations [UAC R156-17b-614a (3)]

	Yes	No	GENERAL OPERATIONS AND INFORMATION **Which categories of compounding does the facility perform?**
1.	☐	☑	The pharmacy does perform compounding identified as **low-risk** [USP-NF Chapter 797- *USP Microbial Contamination Risk Levels- Low-Risk Level CSPs]* ☐ The CSPs are compounded with aseptic manipulations entirely within ISO Class 5 or better air quality using only sterile ingredients, products, components, and devices. ☐ The compounding involves only transfer, measuring, and mixing manipulations using not more than three commercially manufactured packages of sterile products and not more than two entries into any one sterile container or package (e.g., bag, vial) of sterile product or administration container/ device to prepare the CSP. ☐ Manipulations are limited to aseptically opening ampules, penetrating disinfected stoppers on vials with sterile needles and syringes, and transferring sterile liquids in sterile syringes to sterile administration devices, package containers of other sterile products, and containers for storage and dispensing. ☐ For a low-risk level preparation, in the absence of passing a sterility teste (see Sterility Tests <71>) the storage periods cannot exceed the following time periods: before administration, the CSPs are properly stored and are exposed for not more than 48 hours at controlled room temperature (see General Notices and Requirements), and for 45 days in solid frozen state between -25°and -10°.
	☐	☑	The pharmacy does perform compounding identified as **medium-risk.** When CSPs are compounded aseptically under Low-Risk Conditions and one or more of the following conditions exist, such CSPs are at a medium risk of contamination. [USP-NF Chapter 797- *USP Microbial Contamination Risk Levels- Medium-Risk Levels CSPs]* ☐ Multiple individual or small doses of sterile products are combined or pooled to prepare a CSP that will be administered to either multiple patients or to one patient on multiple occasions. ☐ The compounding process includes complex aseptic manipulations other than the single-volume transfer. ☐ The compounding process requires unusually long duration, such as that required to compete dissolution or homogenous mixing. ☐ For a medium-risk preparation, in the absence of passing a sterility test (see Sterility Tests <71>0, the storage periods cannot exceed the following time periods: before administration, the CSPs are properly stored and are exposed for not more than 30 hours at controlled room temperature (see Generals Notices and Requirements), and for 45 days in solid frozen state between 25°and -10°.

☑ ☐ The pharmacy does perform compounding identified as **high-risk** [USP-NF Chapter 797- *USP Microbial Contamination Risk Levels- High-Risk Levels CSPs]*

☑ Non sterile ingredients, including manufactured products not intended for sterile routes of administration (e.g. oral), are incorporated or a non-sterile device is employed before terminal sterilization.

☐ Any of the following are exposed to air quality worse than ISO 5 for more than 1 hour (see *Immediate-Use CSPs*):

- ☐ Sterile contents of commercially manufactured products,
- ☐ CSPs that lack effective antimicrobial preservative, and
- ☐ Sterile surfaces of devices and containers for the preparation, transfer, sterilization, and packaging of CSPs

☐ Compounding personnel are improperly garbed and gloved (see *Personnel Cleansing and Use of Barrier Protective Equipment).*

☐ Nonsterile water-containing preparations are stored for more than 6 hours before being sterilized.

☐ It is assumed, and not verified by examination of labeling and documentation from suppliers or by direct determination, that the chemical purity and content strength of ingredients meet their original or compendia specifications in unopened or in opened packages of bulk ingredients (see *Ingredient Selection under Pharmaceutical Compounding- Non-Sterile Preparations <795>).*

☐ In the absence of passing a sterility test, the storage periods cannot exceed the following time periods: before administration, the CSPs are properly stored and are exposed for not more than 24 hours at controlled room temperature (see *General Notices and Requirements),* for not more than 3 days at a cold temperature (*see General Notices and Requirements),* and for 45 days in a solid frozen state between 25°and -10°.

☐ ☑ **Immediate-use provision in intended only for those situation where there is a need for emergency or immediate patient administration of a CSP.** Such situations may include cardiopulmonary resuscitation, emergency room treatment, preparation of diagnostic agents, or critical therapy where the preparation of the CSP under conditions described for Low-Risk Level CSPs subjects the patient to additional risk due to delays in therapy. Immediate-use CSPs are not intended for storage for anticipated needs or batch compounding. Preparations that are medium-risk level and high-risk level CSPs shall not be prepared as immediate-use CSPs. [USP-NF Chapter 797- *Immediate-use CSPs*]

☐ ☑ **Immediate-use CSPs** are exempt from the requirements described for Low-Risk Label CSPs only when all of the following are met: [USP-NF Chapter 797- *Immediate-use CSPs]*

☐ The compounding process involves simple transfer of not more than three commercially manufactured packages of sterile nonhazardous products or diagnostic radiopharmaceutical products from the manufacturer's' original containers and not more than two entries into any one container or package (e.g., bag, vial) of sterile infusion solution or administration container/device. For example, anti-neoplastics shall not be prepared as immediate-use CSPs because they are hazardous drugs.

☐ Unless required for the preparation, the compounding procedure is a continuous process not to exceed 1 hour.

☐ During preparation, aseptic technique is followed and, if not immediately administered, the finished CSP is under continuous supervision to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, mixups with other CSPs, and direct contact of outside surfaces.

☐ Administration begins not later than 1 hour following the start of the preparation of the CSP.

☐ Unless immediately and completely administered by the person who prepared it or immediate and complete administration is witnessed by the preparer, the CSP shall bear a label listing patient identification information, the names and amounts of all ingredients, the name or initials of the person who prepared the CSP, and the exact 1-hour BUD and time.

☐ If administration has not begun within 1 hour following the start of preparing the CSP, the CSP shall be promptly, properly, and safely discarded.

2. ☑ ☐ Does the facility dispense sterile compounded preparations pursuant to a prescription?

3. ☐ ☑ Does the facility make sterile compounded preparations that are delivered to a practitioner for administration to a patient in an office, clinic, or facility?

4. ☐ ☑ A pharmacy licensed under this chapter may, subject to rules established by the Division, repackage or compound a prescription drug for sale to a practitioner if: the prescription drug: does not include a compounded drug; or includes a compounded drug; and is not a controlled substance; the pharmacy labels the prescription drug "for office use only"; the practitioner administers the drug to a patient in the practitioner's office or facility; and except in accordance with Title 58, Chapter 17b, Part 8, Dispensing Medical Practitioner and Dispensing Medical

Practitioner Clinic Pharmacy, the practitioner does not dispense the drug to the patient. [UCA 58-17b-624(1)(a)(i)(ii)(A)(B)(b)(c)(d)] Pursuant to Section 58-17b-624, a pharmacy may repackage or compound a prescription drug for sale to a practitioner for office use provided that it is in compliance with all applicable federal and state laws and regulations regarding the practice of pharmacy, including, but not limited to the Food, Drug, and Cosmetic Act, 21 U.S.C A § 301 et seq. [R156-17b-624]

5. ☐ ☑ Does the facility distribute sterile compounded preparations to hospitals, clinics, or surgery centers?

6. ☐ ☑ Does the facility have a sales force that distributes samples containing active ingredients? If so, list samples on separate sheet.

7. ☐ ☑ Does the facility compound sterile preparations for veterinary use?

8. ☐ ☑ Is the facility registered with the FDA as an "Outsourcing Facility"?

9. ☑ ☐ The facility does compound:

☐ allergen extracts	☐ baths and soaks for live organs and tissues
☑ parental solutions	oral or nasal inhalation preparations
☐ parenteral suspensions	irrigations for wounds and body cavities
☐ preservative-free parenterals	ophthalmic preparations

10. ☐ ☑ Does the facility compound investigational drugs? If so, list on separate sheet.

11. ☑ ☐ The facility does not prepare a prescription drug in a dosage form which is regularly and commonly available from a manufacturer in quantities and strengths prescribed by a practitioner. [UAC 58-17b-102(18)(b)(ii)]

12. ☑ ☐ The facility does not prepare a prescription drug for sale to another pharmacist or pharmaceutical facility. [UAC 58-17b-102 (18)(b)(i)]

13. ☑ ☐ The facility does not prepare a prescription drug, sterile product, or device which has been withdrawn from the market for safety reasons. [UAC 58-17b-102 (18)(b)(iii)]

14. ☑ ☐ Does the pharmacy makes sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients?

15. ☑ ☐ Bulk active ingredients must be procured from a facility registered with the federal Food and Drug Administration and must not be listed on the federal Food and Drug Administration list of drug products withdrawn or removed from the market for reasons of safety or effectiveness. [UAC R156-17b-614a (3)(c)(i)(ii)]

16. ☐ ☑ Does the facility have a lyophilizer?

17. ☑ ☐ **The compounding facility shall have written, properly approved SOPs** designed to ensure the quality of the environment in which a CSP is prepared. [USP-NF Chapter 797-*Responsibility of Compounding Personnel-Suggested Standard Operating Procedures (SOPs)]*

a. ☑ Procedures for **measuring, mixing, dilution, purification, sterilization, packaging, and labeling** conform to the correct sequence and quality established for the specified CSP. [USP-NF Chapter 797- *Responsibility of Compounding Personnel*]

b. ☑ All **cleaning and disinfecting** practices and policies for the compounding of CSPs shall be included in written SOPs and shall be followed by all compounding personnel. [USP-NF Chapter 797- *Environmental Quality and Control and Disinfecting the Compounding Area*]

- ☑ ISO Class 5 PEC (e.g. LAFW, BSC, CAI, CACI)
- ☑ Counters and easily cleanable work surfaces
- ☑ Floors
- ☑ Walls
- ☑ Ceiling
- ☑ Storage Shelving

c. ☑ It is necessary that **equipment, apparatus, and devices** used to compound a CSP be consistently capable of operating properly and within acceptable tolerance limits. [USP-NF Chapter 797- *Element of Quality Control, Equipment]*

- ☑ Equipment calibration
- ☑ Annual maintenance
- ☑ Monitoring for proper function and controlled procedures for use of the equipment and specified time frames for these activities
- ☑ Routine maintenance and frequencies

d. ☑ The principles of HEPA-filtered unidirectional airflow in the work environment shall be understood and practiced in the compounding process in order to achieve the desired environmental conditions. Policies and procedures for **maintaining and working within the PEC** area shall be written and followed. The policies and procedure will be determined by the scope and risk levels of the aseptic compounding activities utilized during the preparation of the CSPs. [USP-NF Chapter 797- *Environmental Quality and Control, Facility Design and Environmental Control]*

e. n/a ☐ When compounding activities require **the manipulation of a patient's blood-derived or other biological material (e.g., radiolabeling a patient's or donor's white blood cells), the manipulations shall be clearly separated from routine material-handling** procedures and equipment used in CSP preparation activities, and they shall be controlled by specific SOPs in order to avoid any cross contamination. [USP-NF Chapter 797- *Environmental Quality and Control- Additional Personnel Requirements*]

f. ☑ **Double-checking compounding** accuracy shall be followed for every CSP during preparation and immediately prior to release. [USP-NF Chapter 797- *Preparation Release Checks and Tests, Compounding Accuracy Checks*]

g. ☑ When **high-risk level CSPs are dispensed before receiving the results of their sterility tests,** there shall be a written procedure requiring daily observations of the incubating test specimens and immediate recall of the dispensed CSPs when there is any evidence of microbial growth in the test specimens. [USP-NF Chapter 797- *Finished Preparation Release Checks and Tests, Sterility Testing*]

h. ☑ **Verifying the correct identity and quality** of CSPs before they are dispensed and administered: [USP-NF Chapter 797- *Finished Preparation Release Checks and Tests, Identify and Strength Verification of Ingredients*]

- ☑ Labels of CSPs bear correct names and amounts or concentrations of ingredients, the total volume, the BUD, the appropriate route(s) of administration, the storage conditions, and other information for safe use.
- ☑ That there are correct identities, purities, and amounts of ingredients by comparing the original written order with the written compounding record for the CSP.
- ☑ That correct fill volumes in CSPs and correct quantities of filled units of the CSPs were obtained. When the strength of finished CSPs cannot be confirmed to be accurate, based on the above three inspections, the CSPs shall be assayed by methods that are specific for the active ingredients.

i. ☑ To ensure consistent practices in determining and assigning BUDs, the compounding facility should have written policies and procedures governing the **determination of the BUDs** for all compounded products. The SOP manual of the compounding facility and each specific CSP formula record shall describe the general basis used to assign the BUD and storage conditions. [USP-NF Chapter 797- *Storage and Beyond-Use Dating*]

j. ☑ The **compounding procedures and sterilization methods** for CSPs correspond to correctly designed and verified written documentation in the compounding facility. Verification requires planned testing, monitoring, and documentation to demonstrate adherence to environmental quality requirements, personnel practices, and procedures critical to achieving and maintaining sterility, accuracy, and purity of finished CSPs. [USP-NF Chapter 797- *Verification of Compounding Accuracy and Stability*]

k. ☑ Commercially available sterile drug products, sterile ready-to-use containers, and devices are examples of sterile components. A written procedure for **unit-by-unit physical inspection preparatory to use** is followed to ensure that these components are sterile, free from defects, and otherwise suitable for their intended use. [USP-NF Chapter 797- *Elements of Quality Control- Ingredients and Devices- Sterile Ingredients and Devices*]

l. ☑ Compounding personnel shall ensure proper storage and security of CSPs prepared by or dispensed from the compounding facility until either their BUDs are reached or they are administered to patients. In fulfilling this general responsibility, the compounding facility is responsible for the proper **packaging, handling, transport, and storage of CSPs prepared by or dispensed from it, including the appropriate education, training, and supervision of compounding personnel assigned to these functions.** The compounding facility should assist in the education and training of noncompounding personnel responsible for carrying out any aspect of these functions. Establishing, maintaining, and ensuring compliance with comprehensive written policies and procedures encompassing these responsibilities is a further responsibility of the compounding facility. Where noncompounding personnel are assigned tasks involving any of these responsibilities, the policies and procedures encompassing those tasks should be developed by compounding supervisors. [USP-NF Chapter 797- Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs]

m. ☑ Inappropriate processes or techniques involved with packaging, handling, and transport can adversely affect quality and package integrity of CSPs. Although compounding personnel routinely perform many of the tasks associated with these functions, some tasks, such as **transport, handling, and placement into storage, may be fulfilled by noncompounding personnel** who are not under the direct administrative control of the compounding facility. Under these circumstances, appropriate SOPs shall be established by the compounding facility with the involvement of other departments or services whose personnel are responsible for carrying out those CSP-related functions for which the compounding facility has a direct interest. The performance of the noncompounding personnel is monitored for compliance to established policies and procedures. [USP- NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packaging, Handling, and Transport*]

n. ☑ **When CSPs are distributed to locations outside the premises** in which they are compounded, compounding personnel select packing containers and materials that are **expected to maintain physical integrity, sterility, and stability of CSPs during transit**. Packing is selected that simultaneously protects CSPs from damage, leakage, contamination, and degradation, and protects personnel who transport packed CSPs from harm. The SOP manual of the compounding facility specifically describes appropriate packing containers and insulating and stuffing materials, based on information from product specifications, vendors, and experience of compounding personnel. Written instructions that clearly explain how to safely open containers of packed CSPs are provided to patients and other recipients. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packing and Transporting CSPs- Packing CSPs for Transit*]

o. n/a ☐ SOPs must exist to ensure that **storage conditions in the patient-care setting** are suitable for the CSP-specific storage requirements. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packing and Transporting CSPs, Use and Storage*]

☐ Procedures include daily monitoring and documentation of drug storage refrigerators to ensure temperatures between 2° and 8°

☐ and the monthly inspection of all drug storage locations by compounding personnel.

p. ☑ The SOP manuals of compounding facilities shall describe **specific instructions for receiving, acknowledging, and dating receipts, and for recording, or filing, and evaluating reports of adverse events and of the quality of preparation** claimed to be associated with CSPs. Reports of adverse events with CSPs shall be reviewed promptly and thoroughly by compounding supervisors to correct and prevent future occurrences. Compounding personnel are encouraged to participate in adverse event reporting and product defects programs of the FDA and USP. [USP-NF Chapter 797- *Patient Monitoring and Adverse Events Reporting*]

Personnel Training and Requirements

18. ☑ ☐ A written description of specific training and performance evaluation program for individuals involved in the use of aseptic techniques for the preparation of sterile products shall be developed for each site. This program equips personnel with the appropriate knowledge and trains them in the required skills necessary to perform the assigned tasks. **Each person assigned to the aseptic area in the preparation of sterile products shall successfully complete specialized training in aseptic techniques and aseptic area practices prior to preparing CSPs** (see Personnel Training and Evaluation in Aseptic Manipulation Skills and Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures). [USP-NF Chapter 797 - *Elements of Quality Control*]

19. ☑ ☐ **Personnel who prepare CSPs shall be trained** conscientiously and skillfully **by expert personnel, multi-media instructional sources, and professional publications** in the theoretical principles and practical skills of **garbing procedures, aseptic work practices, achieving and maintaining ISO Class 5 environmental conditions, and cleaning and disinfection procedures.** [USP-NF Chapter 797- *Appendix I-Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures*]

20. ☐ ☑ Compounding personnel shall complete: [USP-NF Chapter 797- *Appendices- Appendix I-Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures*]

☑ didactic training,
☑ undergo skill assessment using observational audit tools,
☑ pass written competence assessments,
☐ and media-fill testing.

21. ☑ ☐ **Compounding personnel shall be visually observed during the process of performing hand hygiene and garbing procedures** (see *Personnel Cleansing* and *Garbing* under *Personnel Training and Evaluation in Aseptic Manipulation Skills* above). **The visual observation shall be documented** on a form such as the Sample Form for Assessing Hand Hygiene and Garbing Related Practices of Compounding Personnel (see Appendix III) and maintained to provide a permanent record and long-term assessment of personnel competency. [USP-NF Chapter

797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

22. ☑ ☐ **Sampling of compounding personnel glove fingertips shall be performed for all CSP risk level compounding** because direct touch contamination is the most likely source of introducing microorganisms into CSPs prepared by humans. Glove fingertip sampling **shall be used to evaluate the competency of personnel in performing hand hygiene and garbing procedures in addition to educating compounding personnel on proper work practices, which include frequent and repeated glove disinfection using sterile 70% IPA during actual compounding of CSPs.** All personnel shall demonstrate competency in proper hand hygiene and garbing procedures and in aseptic work practices (e.g., disinfection of component surfaces, routine disinfection of gloved hands). [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

23. ☑ ☐ **Sterile contact agar plates shall be used to sample the gloved fingertips** of compounding personnel **after garbing** in order to assess garbing competency and **after completing the media-fill preparation** (without applying sterile 70% IPA) in order to assess the adequacy of aseptic work practices prior to being initially allowed to prepare CSPs for human use and for more experienced personnel to maintain their qualifications to prepare CSPs for human use. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

24. ☑ ☐ **All compounding personnel shall successfully complete an initial competency evaluation and gloved fingertip/thumb sampling procedure (zero cfu) no less than three times before initially being allowed to compound CSPs for human use.** Immediately after the compounding employee completes the hand hygiene and garbing procedure (e.g., donning of sterile gloves prior to any disinfection with sterile 70% IPA), the evaluator will collect a gloved fingertip and thumb sample from both hands of the compounding employee onto appropriate agar plates by lightly pressing each fingertip into the agar. The plates will be incubated for the appropriate incubation period and at the appropriate temperature (see Incubation Period). **After completing the initial gowning and gloving competency evaluation, re-evaluation of all compounding personnel for this competency shall occur at least annually for personnel who compound low- and medium-risk level CSPs and semi-annually for personnel who compound high-risk level CSPs** using one or more sample collections during any media-fill test procedure before they are allowed to continue compounding CSPs for human use. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

25. ☑ ☐ **After successful completion of an initial Hand Hygiene and Garbing Competency Evaluation, all compounding personnel shall have their aseptic technique and related practice competency evaluated initially during the Media-Fill Test Procedure and subsequent annual or semi-annual Media-Fill Test Procedures.** Records of these evaluations will be maintained using a form such as the Sample Form for Assessing Aseptic Technique and Related Practices of Compounding Personnel (see Appendix IV) and maintained to provide a permanent record of and long-term assessment of personnel competency. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Competency Evaluation of Garbing and Aseptic Work Practice*]

26. ☑ ☐ **Compounding personnel shall perform didactic review and pass written and media-fill testing of aseptic manipulative skills initially, at least annually thereafter for low- and medium-risk level compounding, and semiannually for high-risk level compounding.** Compounding personnel who fail written tests or whose media-fill test vials result in gross microbial colonization shall be immediately re-instructed and re-evaluated by expert compounding personnel to ensure correction of all aseptic practice deficiencies. [USP-NF Chapter 797- *Personnel Training and Evaluation in Aseptic Manipulation Skills*]

27. ☑ ☐ **Compounding personnel and other personnel responsible for cleaning shall be visually observed during** the process of performing **cleaning and disinfecting procedures**, during **initial personnel training** on cleaning procedures, during **changes in cleaning staff**, and at the **completion of any media-fill test procedure** (see Cleaning and Disinfecting of Compounding Areas). [USP-NF Chapter 797- Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/ Disinfection-Procedures, Surface Cleaning and Disinfection Sampling and Assessment]

28. ☐ ☐ **In the event that cleaning and disinfecting procedures are also performed by other support personnel** (e.g., institutional environmental services, housekeeping), thorough training of proper hand hygiene, garbing, and cleaning and disinfection procedures shall be done by a qualified aseptic compounding expert. After completion of training, support **personnel shall routinely undergo performance evaluation of proper hand hygiene, garbing, and all applicable cleaning and disinfecting procedures conducted by a qualified aseptic compounding expert.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures*]

N/a

29. ☐ ☐ **Compounding personnel of reproductive capability shall confirm in writing that they understand the risks of handling hazardous drugs.** The **training shall include** at least the following: [USP- NF Chapter 797- *Hazardous Drugs as CSPs*]

n/a

- ☐ safe aseptic manipulation practices;
- ☐ negative pressure techniques when utilizing a BSC or CACI;
- ☐ correct use of CSTD devices;
- ☐ containment, cleanup, and disposal procedures for breakages and spills; and
- ☐ treatment of personnel contact and inhalation exposure.

Handwashing and Garbing

30. ☑ ☐ **When individuals are experiencing rashes, sunburn, weeping sores, conjunctivitis, active respiratory infection, as well as when they wear cosmetics, they shed these particles at even higher rates.** Particles shed from compounding personnel pose an increased risk of microbial contamination of critical sites of CSPs. **Therefore, compounding personnel with such conditions as mentioned above shall be excluded from working in ISO Class 5 (see Table 1) and ISO Class 7 (see Table 1) compounding areas until their conditions are remedied.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

31. ☑ ☐ **Before entering the buffer area or segregated compounding area** (see Low-Risk Level CSPs with 12-Hour or Less BUD), **compounding personnel shall remove personal outer garments** (e.g., bandannas, coats, hats, jackets, scarves, sweaters, vests); **all cosmetics, because they shed flakes and particles; and all hand, wrist, and other visible jewelry or piercings** (e.g., earrings, lip or eyebrow piercings) that can interfere with the effectiveness of PPE (e.g., fit of gloves and cuffs of sleeves). **The wearing of artificial nails or extenders is prohibited** while working in the sterile compounding environment. **Natural nails shall be kept neat and trimmed.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

32. ☑ ☐ **Personnel shall don the following PPE in an order that proceeds from those activities considered the dirtiest to those considered the cleanest.** Garbing activities considered the dirtiest include donning of ☑ dedicated shoes or shoe covers, ☑ head and facial hair covers (e.g., beard covers in addition to face masks), and ☑ face masks/eye shields. Eye shields are optional unless working with irritants such as germicidal disinfecting agents or when preparing hazardous drugs. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

33. ☑ ☐ **After donning dedicated shoes or shoe covers, head and facial hair covers, and face masks, a hand cleansing procedure shall be performed by removing debris from underneath fingernails using a nail cleaner under running warm water followed by vigorous hand washing. Hands and forearms shall be washed to the elbows for at least 30 seconds with soap (either nonantimicrobial or antimicrobial) and water while in the ante-area.** The use of antimicrobial scrub brushes is not recommended because they can cause skin irritation and skin damage. Hands and forearms to the elbows will be completely dried using either lintfree disposable towels or an electronic hand dryer. ☑ **After completion of hand washing, a nonshedding gown with sleeves that fit snugly around the wrists and enclosed at the neck is donned.** Gowns designated for buffer area use shall be worn, and **preferably they should be disposable. If reusable gowns are worn, they should be laundered appropriately for buffer area use.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

34. ☑ ☐ **Once inside the buffer area or segregated compounding area** (see Low-Risk Level CSPs with 12-Hour or Less BUD), and **prior to donning sterile powder-free gloves, antiseptic hand cleansing shall be performed using a waterless alcohol-based surgical hand scrub with persistent activity following manufacturers' recommendations. Hands are allowed to dry thoroughly before donning sterile gloves. [USP-NF Chapter 797- Environmental Quality and Control - Personnel Cleansing and Garbing]**

35. ☑ ☐ **Sterile gloves shall be the last item donned before compounding begins.** Gloves become contaminated when they contact nonsterile surfaces during compounding activities. Disinfection of contaminated gloved hands may be accomplished by wiping or rubbing sterile 70% IPA to all contact surface areas of the gloves and letting the gloved hands dry thoroughly. Only use gloves that have been tested for compatibility with alcohol disinfection by the manufacturer. **Routine application of sterile 70% IPA shall occur throughout the compounding process** and whenever nonsterile surfaces (e.g. vials, counter tops, chairs, carts) are touched. **Gloves on hands shall also be routinely inspected for holes, punctures, or tears and replaced immediately if such are detected.** Antiseptic hand cleansing shall be performed as indicated above. Compounding personnel. [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

36. ☑ ☐ **When compounding personnel exit the compounding area** during a work shift, the exterior gown may be removed and retained in the compounding area if not visibly soiled, to be re-donned during that same work shift only. However, **shoe covers, hair and facial hair covers, face masks/eye shields, and gloves shall be replaced with new ones before re-entering the compounding area, and proper hand hygiene shall be performed.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

37. ☑ ☐ **During high-risk compounding activities that precede terminal sterilization, such as weighing and mixing of nonsterile ingredients, compounding personnel shall be garbed and gloved the same as when performing compounding in an ISO Class 5** (see Table 1) environment. Properly garbed and gloved **compounding personnel who are exposed to air quality that is either known or suspected to be worse than ISO Class 7 (see Table 1) shall re-garb PPE along with washing their hands properly, performing antiseptic hand cleansing with a waterless alcohol-based surgical hand scrub, and donning sterile gloves upon reentering the ISO Class 7 (see Table 1) buffer area. When CAIs and CACIs are the source of the ISO Class 5 (see Table 1) environment, the garbing and gloving requirements for compounding personnel should be as described above, unless the isolator manufacturer can provide written documentation based on validated environmental testing that any component(s) of PPE or personnel cleansing are not required.** [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Cleansing and Garbing*]

38. ☑ ☐ **Cleaning and disinfecting shall occur before compounding is performed.** Items shall be removed from all areas to be cleaned, and surfaces shall be cleaned by removing loose material and residue from spills; for example, water soluble solid residues are removed with sterile water (for injection or irrigation) and lowshedding wipes. This shall be followed by wiping with a residue-free disinfecting agent such as sterile 70% IPA, which is allowed to dry before compounding begins. [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

39. ☑ ☐ <u>Cleaning Requirements</u>

Cleaning and disinfecting surfaces in the **LAFWs, BSCs, CAIs, and CACIs** are the most critical practices before the preparation of CSPs. Consequently, such **surfaces shall be cleaned and disinfected frequently, including at the beginning of each work shift, before each batch preparation is started, every 30 minutes during continuous compounding periods of individual CSPs, when there are spills, and when surface contamination is known or suspected from procedural breaches.** [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

40. ☐ ☐ **Work surfaces in the ISO Class 7 (see Table 1) buffer areas and ISO Class 8 (see Table 1) ante-areas as well as segregated compounding areas shall be cleaned and disinfected at least daily,** and dust and debris shall be removed when necessary from storage sites for compounding ingredients and supplies using a method that does not degrade the ISO Class 7 or 8 (see Table 1) air quality (see Disinfectants and Antiseptics <1072>).

41. ☐ ☐ [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

Floors in the buffer or clean area, ante-area, and segregated compounding area are cleaned by mopping with a cleaning and disinfecting agent once daily at a time when no aseptic operations are in progress. Mopping shall be performed by trained personnel using approved agents and procedures described in the

written SOPs. It is incumbent on compounding personnel to ensure that such cleaning is performed properly. [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

42. ☐ ☐ In the buffer or clean area, ante-area, and segregated compounding area, walls, ceilings, and shelving shall be cleaned and disinfected monthly. [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

43. ☑ ☐ **Cleaning and disinfecting agents** are to be used with careful consideration of compatibilities, effectiveness, and inappropriate or toxic residues (see Appendix II). Their **schedules of use and methods of application shall be in accordance with written SOPs and followed by custodial or compounding personnel.** [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

44. ☑ ☐ All **cleaning materials, such as wipers, sponges, and mops, shall be nonshedding,** preferably composed of synthetic micro fibers, and **dedicated to use in the buffer or clean area, ante-area, and segregated compounding areas and shall not be removed from these areas except for disposal.** Floor mops may be used in both the buffer or clean area and ante-area, but only in that order. Ideally, all cleaning tools are discarded after one use by collection in suitable plastic bags and removed with minimal agitation. If cleaning materials (e.g., mops) are reused, procedures shall be developed (based on manufacturers' recommendations) that ensure that the effectiveness of the cleaning device is maintained and that repeated use does not add to the bioburden of the area being cleaned. [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

45. ☑ ☐ **Supplies and equipment removed from shipping cartons shall be wiped with a suitable disinfecting agent** (e.g., sterile 70% IPA) delivered from a spray bottle or other suitable delivery method. After the disinfectant is sprayed or wiped on a surface to be disinfected, the disinfectant **shall be allowed to dry, during which time the item shall not be used for compounding purposes.** [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

Facilities and Environmental Monitoring

46. ☑ ☐ Surface sampling is an important component of the maintenance of a suitable microbially controlled environment for compounding CSPs, especially since transfer of microbial contamination from improperly disinfected work surfaces via inadvertent touch contact by compounding personnel can be a potential source of contamination into CSPs. It is useful for evaluating facility and work surface cleaning and disinfecting procedures and employee competency in work practices such as disinfection of component/vial surface cleaning. **Surface sampling shall be performed in all ISO classified areas on a periodic basis.** Sampling can be accomplished using contact plates or swabs, and it **shall be done at the conclusion of compounding. Locations to be sampled shall be defined in a sample plan or on a form.** The size of the plate to be used for each sampled location usually ranges from 24 to 30 cm2. Contact plates are filled with general solid agar growth medium and neutralizing agents above the rim of the plate, and they are used for sampling regular or flat surfaces. Swabs may be used for sampling irregular surfaces, especially for equipment (see Microbiological Control and Monitoring of Aseptic Processing Environments <1116>). [USP-NF Chapter 797- *Environmental Quality and Control - Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures- Surface Cleaning and Disinfection Sampling and Assessment*]

47. ☑ ☐ The value of viable microbial monitoring of gloved fingertips and surfaces of components and the compounding environment are realized when the data are used to identify and correct an unacceptable work practice. **Sampling data shall be collected and reviewed on a routine basis as a means of evaluating the overall control of the compounding environment. If an activity consistently shows elevated levels of microbial growth, competent microbiology personnel shall be consulted.** [USP-NF Chapter 797- *Environmental Quality and Control - Action Levels, Documentation, and Data Evaluation*]

48. ☑ ☐ Food, drinks, and materials exposed in patient care and treatment areas shall not enter ante-areas, buffer areas, or segregated compounding areas where components and ingredients of CSPs are present. [USP-NF Chapter 797- Environmental Quality and Control- Additional Personnel Requirements]

49. ☑ ☐ **Compounding facilities shall have an adequate space that is specifically designated for compounding of prescriptions. This space shall provide for the orderly placement of equipment and materials to prevent mixups** among ingredients, containers, labels, in-process materials, and finished preparations and is designed, arranged, and used to prevent adventitious cross-contamination. Areas used for sterile preparations shall be separated and distinct from the nonsterile compounding area (see Pharmaceutical Compounding—Sterile Preparations <797>, Environmental Quality and Control). [USP-NF Chapter 795- Compounding Facilities]

50. ☑ ☐ The surfaces of ceilings, walls, floors, fixtures, shelving, counters, and cabinets in the buffer area shall be smooth, impervious, free from cracks and crevices, and nonshedding, thereby promoting cleanability, and minimizing spaces in which microorganisms and other contaminants may accumulate. The surfaces shall be resistant to damage by disinfectant agents. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls]*

51. ☑ ☐ Junctures of ceilings to walls shall be coved or caulked to avoid cracks and crevices where dirt can accumulate. If ceilings consist of inlaid panels, the panels shall be impregnated with a polymer to render them impervious and hydrophobic, and they shall be caulked around each perimeter to seal them to the support frame. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

52. ☑ ☐ Any other penetrations through the ceiling or walls shall be sealed. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

53. ☑ ☐ The buffer area shall not contain sources of water (sinks) or floor drains. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

54. ☑ ☐ Work surfaces shall be constructed of smooth, impervious materials, such as stainless steel or molded plastic, so that they are easily cleaned and disinfected. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

55. ☑ ☐ Storage shelving, counters, and cabinets shall be smooth, impervious, free from cracks and crevices, nonshedding, cleanable, and disinfectable; their number, design, and manner of installation shall promote effective cleaning and disinfection. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

56. ☑ ☐ There shall be some demarcation designation that separates the ante-area from the buffer area. [USP-NF Chapter 797-Environmental Quality and Control- Additional Personnel Requirements]

57. ☑ ☐ **To ensure that product potency is retained through the manufacturer's labeled expiration date, compounding personnel shall monitor the drug storage areas within the compounding facility.** Controlled temperature areas in compounding facilities include controlled room temperature, 20° to 25° with mean kinetic temperature 25°; controlled cold temperature, 2° to 8° with mean kinetic temperature 8°; cold temperature, 2° to 8°; freezing temperature, −25° and −10° (see General Notices and Requirements) if needed to achieve freezing, and the media-specific temperature range for microbial culture media. **A controlled temperature area shall be monitored at least once daily and the results documented on a temperature log. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberrations.** Suitable temperature recording devices may include a calibrated continuous recording device or a National Institute of Standards and Technology (NIST) calibrated thermometer that has adequate accuracy and sensitivity for the intended purpose, and it shall be properly calibrated at suitable intervals. **If the compounding facility uses a continuous temperature recording device, compounding personnel shall verify at least once daily that the recording device itself is functioning properly.** [USP-NF Chapter 797- *Storage and Beyond Use Dating- Monitoring Controlled Storage Areas*]

58. ☑ ☐ **Certification that each ISO classified area, for example, ISO Class 5, 7, and 8 (see Table 1), is within established guidelines shall be performed no less than every 6 months and whenever the LAFW, BSC, CAI, or CACI is relocated or the physical structure of the buffer area or ante-area has been altered.** Testing shall be performed by qualified operators using current, state-of-the-art electronic equipment with results of the following: [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Total Particle Counts*]

- ☑ ISO Class 5: not more than 3520 particles 0.5 mm and larger size per cubic meter of air for any LAFW, BSC, CAI, and CACI;
- ☑ ISO Class 7: not more than 352,000 particles of 0.5 mm size and larger per cubic meter of air for any buffer area;
- ☑ ISO Class 8: not more than 3,520,000 particles or 0.5 mm size and larger per cubic meter of air for any ante-area.

59. ☑ ☐ **All certification records shall be maintained and reviewed by supervising personnel or other designated employees** to ensure that the controlled environments comply with the proper air cleanliness, room pressures, and ACPHs. [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Total Particle Counts*]

60. ☑ ☐ **A pressure gauge or velocity meter shall be installed to monitor the pressure** differential or airflow between the buffer area and the ante-area and between the ante-area and the general environment outside the compounding area. [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Pressure Differential Monitoring*]

61. ☑ ☐ **The results shall be reviewed and documented on a log at least every work shift** (minimum frequency shall be at least daily) or by a continuous recording device. [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Pressure Differential Monitoring*]

62. ☑ ☐ **The pressure between the ISO Class 7 (see Table 1) and the general pharmacy area shall not be less than 5 Pa (0.02 inch water column). In facilities where low- and medium-risk level CSPs are prepared, differential airflow shall maintain a minimum velocity of 0.2 meters per second (40 feet per minute) between buffer area and ante-area.** [USP-NF Chapter 797- *Environmental Quality and Control- Viable and Nonviable Environmental Sampling (ES) Testing- Pressure Differential Monitoring*]

63. ☑ ☐ **The buffer area shall maintain at least ISO Class 7 (see Table 1) conditions for 0.5-mm and larger particles under dynamic operating conditions.** The room shall be segregated from surrounding, unclassified spaces to reduce the risk of contaminants being blown, dragged, or otherwise introduced into the filtered unidirectional airflow environment, and this segregation shall be continuously monitored. [USP-NF Chapter 797 - *Environmental Quality and Control- Facility Design and Environmental Controls*]

64. ☑ ☐ For rooms providing a physical separation through the use of walls, doors, and pass-throughs, a minimum differential positive pressure of 0.02- to 0.05- inch water column is required. [USP-NF Chapter 797 - *Environmental Quality and Control- Facility Design and Environmental Controls*]

65. ☑ ☐ For buffer areas not physically separated from the ante-areas, the principle of displacement airflow shall be employed. This concept utilizes a low pressure differential, high airflow principle. Using displacement airflow typically requires an air velocity of 40 ft per minute or more from the buffer area across the line of demarcation into the ante-area. [USP-NF Chapter 797 - *Environmental Quality and Control- Facility Design and Environmental Controls*]

66. ☑ ☐ **An ISO Class 7 (see Table 1) buffer area and ante-area supplied with HEPA-filtered air shall receive an ACPH of not less than 30.** The PEC is a good augmentation to generating air changes in the air supply of an area but cannot be the sole source of HEPA-filtered air. If the area has an ISO Class 5 (see Table 1) recirculating device, a minimum of 15 ACPHs through the area supply HEPA filters is adequate, providing the combined ACPH is not less than 30. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

67. ☑ ☐ **HEPA-filtered supply air shall be introduced at the ceiling, and returns should be mounted low on the wall,** creating a general top-down dilution of area air with HEPA-filtered make-up air. Ceiling-mounted returns are not recommended. [USP-NF Chapter 797- *Environmental Quality and Control- Facility Design and Environmental Controls*]

68. ☑ ☐ **Activities and tasks carried out within the buffer area shall be limited to only those necessary when working within a controlled environment.** Only the **furniture, equipment, supplies, and other material required for the compounding activities to be performed shall be brought into the area, and they shall be nonpermeable, nonshedding, cleanable, and resistant to disinfectants.** Whenever such items are **brought into the area, they shall first be cleaned and disinfected.** Whenever possible, **equipment and other items used in the buffer area shall not be taken out of the area except for calibration, servicing, or other activities associated with the proper maintenance of the item.** [USP-NF Chapter 797- Environmental Quality and Control- Facility Design and Environmental Controls]

69. ☑ ☐ Secondary engineering controls such as buffer areas and ante-areas generally serve as a core for the location of the PEC. **Buffer areas are designed to maintain at least ISO Class 7 (see Table 1) conditions for 0.5-mm particles under dynamic conditions and ISO Class 8 (see Table 1) conditions for 0.5-mm and larger particles under dynamic conditions for the ante-areas.** [USP-NF Chapter 797 *Environmental Quality and Control, Facility Design and Environmental Controls*]

70. ☑ ☐ **PECs (LAFWs, BSCs, CAIs, and CACIs) and secondary engineering controls (buffer and ante-areas)** are essential components of the overall contamination control strategy for aseptic compounding. As such, it is imperative that they perform as designed and that the resulting levels of contamination be within acceptable limits. **Certification procedures such as those outlined in Certification Guide for Sterile Compounding Facilities (CAG-003-2006) shall be performed by a qualified individual no less than every 6 months and whenever the device or room is relocated or altered or major service to the facility is performed.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Nonviable Particle Testing Program*]

71. ☑ ☐ PECs typically include, but are not limited to, LAFWs, BSCs, CAIs, and CACIs, which provide an ISO Class 5 (see Table 1) environment for the exposure of critical sites. **PECs shall maintain ISO Class 5 (see Table 1) or better conditions for 0.5-mm particles (dynamic operating conditions) while compounding CSPs.** [USP-NF Chapter 797 -*Environmental Quality and Control, Facility Design and Environmental Controls*]

72. ☑ ☐ **The PEC shall be placed within a buffer area in such a manner as to avoid conditions that could adversely affect their operation.** For example, strong air currents from opened doors, personnel traffic, or air streams from the HVAC systems can disrupt the unidirectional airflow in open-faced workbenches. [USP-NF Chapter 797 - *Environmental Quality and Control, Facility Design and Environmental Controls*]

73. ☑ ☐ **PECs (LAFWs, BSCs, CAIs, and CACIs) shall be located within a restricted access ISO Class 7 (see Table 1) buffer area (see Figure 1),** with the following CAI/CACI exceptions below: [USP-NF Chapter 797 - *Environmental Quality and Control, Facility Design and Environmental Controls*]
☑ Only authorized personnel and materials required for compounding and cleaning shall be permitted in the buffer area.
☑ Presterilization procedures for high-risk level CSPs, such as weighing and mixing, shall be completed in no worse than an ISO Class 8 (see Table 1) environment.
☑ PECs shall be located out of traffic patterns and away from room air currents that could disrupt the intended airflow patterns.

74. ☐ ☐ N/a **CAIs and CACIs shall be placed in an ISO Class 7 (see Table 1) buffer area unless they meet all of the following conditions:** [USP-NF Chapter 797 - *Environmental Quality and Control, Facility Design and Environmental Controls*]
☐ The isolator shall provide isolation from the room and maintain ISO Class 5 (see Table 1) during dynamic operating conditions, including transferring ingredients, components, and devices into and out of the isolator and during preparation of CSPs.
☐ Particle counts sampled approximately 6 to 12 inches upstream of the critical exposure site shall maintain ISO Class 5 (see Table 1) levels during compounding operations.
☐ Not more than 3520 particles (0.5 mm and larger) per m3 shall be counted during material transfer, with the particle counter probe located as near to the transfer door as possible without obstructing the transfer.

75. ☑ ☐ **If the PEC is a CAI or CACI that does not meet the requirements above or is a LAFW or BSC that cannot be located within an ISO Class 7 (see Table 1) buffer area,** then only low-risk level nonhazardous and radiopharmaceutical CSPs pursuant to a physician order for a specific patient may be prepared, and administration of the CSP shall commence within 12 hours of preparation or as recommended in the manufacturer's package insert, whichever is less. [USP-NF Chapter 797 - *Environmental Quality and Control, Facility Design and Environmental Controls*]

76. ☐ ☐ N/A When isolators are used for sterile compounding, the recovery time to achieve ISO Class 5 (see Table 1) air quality shall be documented and internal procedures developed to ensure that adequate recovery time is allowed after material transfer before and during compounding operations. [USP-NF Chapter 797 - Environmental Quality and Control, Facility Design and Environmental Controls]

77. ☑ ☐ Airborne contamination control is achieved in the PEC through the use of HEPA filters. **The airflow in the PEC shall be unidirectional (laminar flow),** and because of the particle collection efficiency of the filter, the "first air" at the face of the filter is, for the purposes of aseptic compounding, **free from airborne particulate contamination. HEPA-filtered air shall be supplied in critical areas (ISO Class 5, see Table 1) at a velocity sufficient to sweep particles away from the compounding area and maintain unidirectional airflow during operations.** Proper design and control prevents turbulence and stagnant air in the critical area. [USP-NF Chapter 797- *Environmental Quality and Control, Facility Design and Environmental Controls*]

78. ☑ ☐ **In situ air pattern analysis via smoke studies shall be conducted** at the critical area to demonstrate unidirectional airflow and sweeping action over and away from the product under dynamic conditions. [USP-NF Chapter 797- *Environmental Quality and Control, Facility Design and Environmental Controls*]

79. ☑ ☐ **Environmental sampling shall occur as part a comprehensive quality management program** and shall occur minimally under any of the following conditions: [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing*]

☑ as part of the commissioning and certification of new facilities and equipment;
☑ following any servicing of facilities and equipment;
☑ as part of the re-certification of facilities and equipment (i.e., every 6 months);
☑ in response to identified problems with end products or staff technique; or
☑ in response to issues with CSPs, observed compounding personnel work practices, or patient-related infections (where the CSP is being considered as a potential source of the infection).

80. ☑ ☐ Sampling Plan—**An appropriate environmental sampling plan shall be developed for airborne viable particles based on a risk assessment of compounding activities performed. Selected sampling sites shall include locations within each ISO Class 5 (see Table 1) environment and in the ISO Class 7 and 8 (see Table 1) areas and in the segregated compounding areas at greatest risk of contamination** (e.g., work areas near the ISO Class 5 [see Table 1] environment, counters near doors, pass-through boxes). **The plan shall include sample location, method of collection, frequency of sampling, volume of air sampled, and time of day as related to activity in the compounding area and action levels.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program, Sampling Plan*]

81. ☑ ☐ Growth Medium—**A general microbiological growth medium such as Soybean–Casein Digest Medium shall be used to support the growth of bacteria. Malt extract agar or some other media that supports the growth of fungi shall be used in highrisk level compounding environments.** Media used for surface sampling must be supplemented with additives to neutralize the effects of disinfecting agents (e.g., TSA with lecithin and polysorbate 80). [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program, Sampling Plan*]

82. ☑ ☐ Viable Air Sampling—**Evaluation of airborne microorganisms using volumetric collection methods in the controlled air environments** (LAFWs, CAIs, clean room or buffer areas, and ante-areas) **shall be performed by properly trained individuals for all compounding risk levels. Impaction shall be the preferred method of volumetric air sampling.** Use of settling plates for qualitative air sampling may not be able to determine adequately the quality of air in the controlled environment. [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

83. ☑ ☐ **For low-, medium-, and high-risk level compounding, air sampling shall be performed at locations that are prone to contamination during compounding activities and during other activities such as staging, labeling, gowning, and cleaning.** Locations shall include zones of air backwash turbulence within LAFW and other areas where air backwash turbulence may enter the compounding area (doorways, in and around ISO Class 5 [see Table 1] PEC and environments). [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

84. ☑ ☐ **For low-risk level CSPs with 12-hour or less BUD prepared in a PEC** (LAFWs, BSCs, CAIs) **that maintains an**

ISO Class 5 (see Table 1), **air sampling shall be performed at locations inside the ISO Class 5** (see Table 1) **environment and other areas that are in close proximity to the ISO Class 5** (see Table 1) **environment during the certification of the PEC.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

85. ☑ ☐ Air Sampling Devices—There are a number of manufacturers of electronic air sampling equipment. It is important that personnel refer to the manufacturer's recommended procedures when using the equipment to perform volumetric air sampling procedures. The instructions in the manufacturer's user's manual for verification and use of electric air samplers that actively collect volumes of air for evaluation must be followed. **A sufficient volume of air (400 to 1000 liters) shall be tested at each location in order to maximize sensitivity. The volumetric air sampling devices need to be serviced and calibrated as recommended by the manufacturer.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

86. ☑ ☐ Air Sampling Frequency and Process—**Air sampling shall be performed at least semiannually (i.e., every 6 months) as part of the re-certification of facilities and equipment**. If compounding occurs in multiple locations within an institution (e.g., main pharmacy, satellites), environmental sampling is required for each individual compounding area. A sufficient volume of air shall be sampled and the manufacturer's guidelines for use of the electronic air sampling equipment followed. Any facility construction or equipment servicing may require that air sampling be performed during these events. [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

87. ☑ ☐ Action Levels, Documentation, and Data Evaluation—The value of viable microbial sampling of the air in the compounding environment is realized when the data are used to identify and correct an unacceptable situation. **Sampling data shall be collected and reviewed on a periodic basis as a means of evaluating the overall control of the compounding environment. If an activity consistently shows elevated levels of microbial growth, competent microbiology personnel shall be consulted.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

88. ☑ ☐ **Any cfu count that exceeds its respective action level (see Table 2) should prompt a re-evaluation of the adequacy of personnel work practices, cleaning procedures, operational procedures, and air filtration efficiency within the aseptic compounding location. An investigation into the source of the contamination shall be conducted.** Sources could include HVAC systems, damaged HEPA filters, and changes in personnel garbing or work practices. **The source of the problem shall be eliminated, the affected area cleaned, and resampling performed.** [USP-NF Chapter 797 - *Environmental Quality and Control, Viable and Nonviable Environmental Sampling (ES) Testing, Environmental Viable Airborne Particle Testing Program*]

89. ☐ ☐ n/a The intermediate precision of the **ACD** can be determined on the basis of the day-to-day variations in performance of the accuracy measures. Thus, **compounding personnel shall keep a daily record of the above-described accuracy assessments and review the results over time. This review shall occur at least at weekly intervals to avoid potentially clinically significant cumulative errors over time.** [USP-NF Chapter 797 - *Elements of Quality Control- Verification of Automated Compounding Devices (ACDs) for Parenteral Nutrition Compounding- Precision*]

90. ☑ ☐ **Compounding personnel shall ensure proper storage and security of CSPs prepared by or dispensed from the compounding facility until either their BUDs are reached or they are administered to patients.** In fulfilling this general responsibility, the compounding facility is responsible for the proper packaging, handling, transport, and storage of CSPs prepared by or dispensed from it, including the appropriate education, training, and supervision of compounding personnel assigned to these functions. The compounding facility should assist in the education and training of noncompounding personnel responsible for carrying out any aspect of these functions. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs*]

91. ☑ ☐ CSPs, as well as all other drug products, shall be stored in the patient-care area in such a way as to secure them from unauthorized personnel, visitors, and patients. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Use and Storage*]

Documentation

All facilities that dispense prescriptions must comply with the record keeping requirements of their State Boards of Pharmacy. When a facility compounds a preparation according to the manufacturer's labeling instructions, then further documentation is not required. All other compounded preparations require further documentation as described in this section. [UAC R 156-17b-614a (3)(d)]

92. ☐ ☐ A master formulation record shall be approved by a pharmacist or DMP for each batch of sterile or non-sterile pharmaceuticals to be prepared. Once approved, a duplicate of the master formulation record shall be used as the compounding record from which each batch is prepared and on which all documentation for that batch occurs. The master worksheet sheet may be stored electronically and shall contain at a minimum: [UAC R156-17b-614a(3)(e)(i-xiii)]

☑ official or assigned name
☑ strength
☑ dosage form of the preparation
☑ calculations needed to determine and verify quantities of components and doses of active pharmaceutical ingredients dosage form of the preparation
☑ description of ingredients and their quantities
☑ compatibility and stability information, including references when available
☑ equipment needed to prepare the preparation
☑ container used in dispensing
☑ packaging and storage requirements
☑ description of final preparation
☑ quality control procedures and expected results;
☑ mixing instructions, which shall include: ☑ order of mixing ☑ mixing temperatures or other environmental controls ☑ duration of mixing ☑ other factors pertinent to the replication of the preparation as compounded
☑ sample labeling information, which shall contain, in addition to legally required information: ☑ generic name and quantity or concentration of each active ingredient ☑ assigned beyond use date ☑ storage conditions ☑ prescription or control number, whichever is applicable

93. ☑ ☐ A compounding record for each batch of sterile or non-sterile pharmaceuticals shall document the following: [UAC R156-17b-614a(3)(f) (i-xix)]

☑ official or assigned name;
☑ strength and dosage of the preparation;
☑ Master Formulation Record reference for the preparation;
☑ names and quantities of all components
☑ sources, lot numbers, and expiration dates of components;
☑ total quantity compounded;
☑ name of the person who prepared the preparation
☑ name of the compounder who approved the preparation
☑ name of the person who performed the quality control procedures
☑ date of preparation
☑ assigned control, if for anticipation of use or prescription number, if patient specific, whichever is applicable
☑ duplicate label as described in the Master Formulation Record means the sample labeling information that is dispensed on the final product given to the patient and shall at minimum contain: ☑ active ingredients ☑ beyond use date ☑ storage conditions and ☑ lot number;
☑ proof of the duplicate labeling information, which proof shall: ☑ be kept at the pharmacy ☑ be immediately retrievable ☑ include an audit trail for any altered form; and ☑ be reproduced in: the original format that was dispensed, an electronic format, or a scanned electronic version
☑ description of final preparation
☑ results of quality control procedures (e.g. weight range of filled capsules, pH of aqueous liquids); and
☑ documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver.

94. ☑ ☐ Compounding records including the master worksheet, preparation worksheet, and MSDS files shall be kept for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

95. ☑ ☐ The facility maintains documentation regarding an ongoing quality control program that monitors and evaluates personnel performance, equipment and facility's compliance with following the USP-NF Chapters 795 and 797 standards. [UAC R156-17b-614a(3)(h)]

96. ☑ ☐ Results from the equipment calibration, annual maintenance reports, and routine maintenance are kept on file for the lifetime of the equipment. [USP-NF Chapter 797- *Elements of Quality Control- Equipment*]

Compounding Procedures

97. ☑ ☐ **Opened or needle-punctured single-dose containers**, such as bags, bottles, syringes, and vials of sterile products and CSPs **shall be used within 1 hour if opened in worse than ISO Class 5** (see Table 1) air quality (see Immediate-Use CSPs), **and any remaining contents must be discarded.** [USP-NF Chapter 797- *Single-Dose and Multiple-Dose Containers]*

98. ☑ ☐ ☐**Single-dose vials exposed to ISO Class 5** (see Table 1) **or cleaner air may be used up to 6 hours after initial needle puncture.** ☐**Opened single-dose ampuls shall not be stored for any time period.** ☑**Multiple-dose containers** (e.g., vials) **are formulated for removal of portions on multiple occasions because they usually contain antimicrobial preservatives.** The ☐**BUD after initially entering or opening (e.g., needle-punctured) multiple-dose containers is 28 days** (see Antimicrobial Effectiveness Testing <51>) unless otherwise specified by the manufacturer. [USP-NF Chapter 797- *Single-Dose and Multiple-Dose Containers]*

99. ☑ ☐ Wiping with small sterile 70% IPA swabs that are commercially available in individual foil-sealed packages (or a comparable method) is preferred for disinfecting entry points on bags and vials, allowing the IPA to dry before piercing stoppers with sterile needles and breaking necks of ampuls. **The surface of the sterile 70% IPA swabs used for disinfecting entry points of sterile packages and devices shall not contact any other object before contacting the surface of the entry point. Sterile 70% IPA wetted gauze pads or other particle-generating material shall not be used to disinfect the sterile entry points of packages and devices.** [USP-NF Chapter 797- *Environmental Quality and Control - Cleaning and Disinfecting the Compounding Area*]

100. ☐ ☐ n/a Pharmacy Bulk Package (see Containers for Injections under Injections <1>)—A container of a sterile preparation for parenteral use that contains many single doses. The contents are intended for use in a pharmacy admixture program and are restricted to the preparation of admixtures for infusion or, through a sterile transfer device, for the filling of empty sterile syringes. **The closure shall be penetrated only one time after constitution with a suitable sterile transfer device or dispensing set, which allows measured dispensing of the contents.** The pharmacy bulk package is to be used only in a suitable work area such as a laminar flow hood (or an equivalent clean air compounding area). **Where a container is offered as a pharmacy bulk package, the label shall (a) state prominently "Pharmacy Bulk Package—Not for Direct Infusion," (b) contain or refer to information on proper techniques to help ensure safe use of the product, and (c) bear a statement limiting the time frame in which the container may be used once it has been entered, provided it is held under the labeled storage conditions.** [USP-NF Chapter 797- *Definitions*]

101. ☑ ☐ **The licensed healthcare professionals who supervise compounding shall be responsible for determining that the selected sterilization method** (see Methods of Sterilization under Sterilization and Sterility Assurance of Compendial Articles <1211>) both sterilizes and maintains the strength, purity, quality, and packaging integrity of CSPs. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility, Sterilization Methods*]

102. ☑ ☐ Critical sites are locations that include any component or fluid pathway surfaces (e.g., vial septa, injection ports, beakers) or openings (e.g., opened ampuls, needle hubs) exposed and at risk of direct contact with air (e.g., ambient room or HEPA filtered), moisture (e.g., oral and mucosal secretions), or touch contamination. Protection of critical sites by precluding physical contact and airborne contamination shall be given the highest priority in sterile compounding practice. [USP-NF Chapter 797 - Exposure of Critical Sites]

103. ☑ ☐ **All high-risk level CSPs that are prepared in groups of more than 25 identical individual single-dose packages** (e.g., ampuls, bags, syringes, vials) **or in multiple-dose vials (MDVs) for administration to multiple patients or that are exposed longer than 12 hours at 2° to 8° and longer than 6 hours at warmer than 8° before they are sterilized shall meet the sterility test** (see Sterility Tests <71>) **before they are dispensed or administered.** [USP-NF Chapter 797- *Finished Preparation Release Checks and Tests- Sterility Testing*]

104. ☐ ☐ n/a **All high-risk level CSPs, except those for inhalation and ophthalmic administration, that are prepared in groups of more than 25 identical individual single-dose packages (e.g., ampuls, bags, syringes, vials) or in MDVs for administration to multiple patients or that are exposed longer than 12 hours at 2° to 8° and longer than 6 hours at warmer than 8° before they are sterilized shall be tested to ensure that they do not contain excessive bacterial endotoxins** (see Bacterial Endotoxins Test <85> and Pyrogen Test <151>). In the absence of a bacterial endotoxins limit in the official monograph or other CSP formula source, the CSP shall not exceed the amount of USP Endotoxin Units (per hour per kilogram of body weight or square meters of body surface area) specified in Bacterial Endotoxins Test <85> referenced above for the appropriate route of administration. [USP-NF Chapter 797- *Finished Preparation Release Checks and Tests- Bacterial Endotoxin (Pyrogen) Testing*]

105. ☐ ☑ **Does the facility participate in the following** (check all applicable)**:**
☐ Hazardous Drugs ☐ Radiopharmaceuticals ☐ Allergen Extracts as CSPs

Hazardous Drugs

106. ☐ ☐ **All personnel who compound hazardous drugs shall be fully trained** in the **storage, handling, and disposal** of these drugs. This training **shall occur prior to preparing or handling hazardous CSPs**, and **its effectiveness shall be verified by testing specific hazardous drugs preparation techniques.** Such verification **shall be documented for each person at least annually.** This **training shall include didactic overview** of hazardous drugs, including mutagenic, teratogenic, and carcinogenic properties, and it **shall include ongoing training for each new hazardous drug that enters the marketplace.** [USP- NF Chapter 797- *Hazardous Drugs as CSPs*]

107. ☐ ☐ **Compounding personnel of reproductive capability shall confirm in writing that they understand the risks of handling hazardous drugs.** The training **shall include** at least the following: [USP- NF Chapter 797- *Hazardous Drugs as CSPs*]
- ☐ safe aseptic manipulation practices;
- ☐ negative pressure techniques when utilizing a BSC or CACI;
- ☐ correct use of CSTD devices;
- ☐ containment, cleanup, and disposal procedures for breakages and spills; and
- ☐ treatment of personnel contact and inhalation exposure.

108. ☐ ☐ Hazardous drugs shall be prepared for administration only under conditions that protect the healthcare workers and other personnel in the preparation and storage areas. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

109. ☐ ☐ Hazardous drugs shall be stored separately from other inventory in a manner to prevent contamination and personnel exposure. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

110. ☐ ☐ Hazardous drugs shall be handled with caution at all times using appropriate chemotherapy gloves during receiving, distribution, stocking, inventorying, preparation for administration, and disposal. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

111. ☐ ☐ Hazardous drugs shall be prepared in an ISO Class 5 (see Table 1) environment with protective engineering controls in place and following aseptic practices specified for the appropriate contamination risk levels defined in this chapter. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

112. ☐ ☐ Access shall be limited to areas where drugs are stored and prepared to protect persons not involved in drug preparation. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

113. ☐ ☐ **All hazardous drugs shall be prepared in a BSC or a CACI that meets or exceeds the standards for CACI in this chapter. The ISO Class 5** (see Table 1) **BSC or CACI shall be placed in an ISO Class 7** (see Table 1) **area that is physically separated** (i.e., a different area from other preparation areas) **and optimally has not less than 0.01-inch water column negative pressure to adjacent positive pressure ISO Class 7** (see Table 1) **or better ante-areas, thus providing inward airflow to contain any airborne drug. A pressure indicator shall be installed that can be readily monitored for correct room pressurization.** [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

114. ☐ ☐ If a CACI that meets the requirements of this chapter is used outside of a buffer area, the compounding area shall maintain a minimum negative pressure of 0.01-inch water column and have a minimum of 12 ACPHs. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

115. ☐ ☐ **When closed-system vial-transfer devices** (CSTDs) (i.e., vial-transfer systems that allow no venting or exposure of hazardous substance to the environment) **are used, they shall be used within the ISO Class 5 (see Table 1) environment of a BSC or CACI.** The use of a CSTD is preferred because of their inherent closed system process. In facilities that prepare a low volume of hazardous drugs, the use of two tiers of containment (e.g., CSTD within a BSC or CACI that is located in a non-negative pressure room) is acceptable. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

116. ☐ ☐ **Appropriate personnel protective equipment (PPE) shall be worn when compounding in a BSC or CACI and when using CSTD devices.** PPE should include gowns, face masks, eye protection, hair covers, shoe covers or dedicated shoes, double gloving with sterile chemo-type gloves, and compliance with manufacturers' recommendations when using a CACI. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

117. ☐ ☐ Compounding personnel of reproductive capability shall confirm in writing that they understand the risks of handling hazardous drugs. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

118. ☐ ☐ All personnel who compound hazardous drugs shall be fully trained in the storage, handling, and disposal of these drugs. This training shall occur prior to preparing or handling hazardous CSPs, and its effectiveness shall be verified by testing specific hazardous drugs preparation techniques. Such verification shall be documented for each person at least annually. This training shall include didactic overview of hazardous drugs, including mutagenic, teratogenic, and carcinogenic properties, and it shall include ongoing training for each new hazardous drug that enters the marketplace. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

119. ☐ ☐ **Disposal of all hazardous drug wastes shall comply with all applicable federal and state regulations.** All **personnel** who perform routine custodial waste removal and cleaning activities in storage and preparation areas for hazardous drugs **shall be trained** in appropriate procedures to protect themselves and prevent contamination. [USP-NF Chapter 797- *Hazardous Drugs as CSPs*]

Radiopharmaceuticals

120. ☐ ☐ For the purposes of this chapter, **radiopharmaceuticals compounded from sterile components in closed sterile containers and with a volume of 100 mL or less for a single-dose injection or not more than 30 mL taken from a multiple-dose container (see Injections <1>) shall be designated as, and conform to, the standards for Low-Risk Level CSPs.** These radiopharmaceuticals **shall be compounded using appropriately shielded vials and syringes in a properly functioning and certified ISO Class 5 (see Table 1) PEC located in an ISO Class 8 (see Table 1) or cleaner air environment to permit compliance with special handling, shielding, and negative air flow requirements.** [USP-NF Chapter 797- *Radiopharmaceuticals as CSPs*]

121. ☐ ☐ **Radiopharmaceuticals prepared as Low-Risk Level CSPs with 12-Hour or Less BUD shall be prepared in a segregated compounding area.** A line of demarcation defining the segregated compounding area shall be established. Materials and garb exposed in a patient care and treatment area shall not cross a line of demarcation into the segregated compounding area. [USP-NF Chapter 797- *Radiopharmaceuticals as CSPs*]

Allergen Extracts as CSPs

122. ☐ ☐ Allergen extracts as CSPs are single-dose and multiple-dose intradermal or subcutaneous injections that are prepared by specially trained physicians and personnel under their direct supervision. **Allergen extracts as CSPs are not subject to the personnel, environmental, and storage requirements for all CSP Microbial Contamination Risk Levels in this chapter only when all of the following criteria are met:** [USP-NF Chapter 797- Allergen Extracts as CSPs]

☐ The compounding process involves simple transfer via sterile needles and syringes of commercial sterile allergen products and appropriate sterile added substances (e.g., glycerin, phenol in sodium chloride injection).
☐ All allergen extracts as CSPs shall contain appropriate substances in effective concentrations to prevent the growth of microorganisms. Nonpreserved allergen extracts shall comply with the appropriate CSP risk level requirements in the chapter.
☐ Before beginning compounding activities, personnel perform a thorough hand-cleansing procedure by removing debris from under fingernails using a nail cleaner under running warm water followed by vigorous hand and arm washing to the elbows for at least 30 seconds with either nonantimicrobial or antimicrobial soap and water.
☐ Compounding personnel don hair covers, facial hair covers, gowns, and face masks.
☐ Compounding personnel perform antiseptic hand cleansing with an alcohol-based surgical hand scrub with persistent activity.
☐ Compounding personnel don powder-free sterile gloves that are compatible with sterile 70% isopropyl alcohol (IPA) before beginning compounding manipulations.
☐ Compounding personnel disinfect their gloves intermittently with sterile 70% IPA when preparing multiple allergen extracts as CSPs.
☐ Ampul necks and vial stoppers on packages of manufactured sterile ingredients are disinfected by careful wiping with sterile 70% IPA swabs to ensure that the critical sites are wet for at least 10 seconds and allowed to dry before they are used to compound allergen extracts as CSPs.
☐ The aseptic compounding manipulations minimize direct contact contamination (e.g., from glove fingertips, blood, nasal and oral secretions, shed skin and cosmetics, other nonsterile materials) of critical sites (e.g., needles, opened ampuls, vial stoppers).
☐ The label of each multiple-dose vial (MDV) of allergen extracts as CSPs lists the name of one specific patient and a BUD and storage temperature range that is assigned based on manufacturers' recommendations or peer-reviewed publications.
☐ Single-dose allergen extracts as CSPs shall not be stored for subsequent additional use.

Sterilization

123. ☑ ☐ Does the facility participate in the following (check all applicable):
☑ Filter Sterilization in an ISO class 5 ☐ Steam Sterilization ☐ Dry Heat Sterilization

124. ☑ ☐ **(Filter Sterilization in an ISO class 5)**
Commercially available sterile filters shall be approved for human-use applications in sterilizing pharmaceutical fluids. **Sterile filters used to sterilize CSPs shall be pyrogen free and have a nominal pore size of 0.2 or 0.22 mm.** They shall be certified by the manufacturer to retain at least 107 microorganisms of a strain of Brevundimonas (Pseudomonas) diminuta on each square centimeter of upstream filter surface area under conditions similar to those in which the CSPs will be sterilized (see High-Risk Conditions in High-Risk Level CSPs). [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

125. ☑ ☐ **The compounding supervisor shall ensure**, directly or from appropriate documentation, that **the filters** are chemically and physically stable at the pressure and temperature conditions to be used, that they have enough capacity to filter the required volumes, and that they will achieve sterility and maintain prefiltration pharmaceutical quality, including strength of ingredients of the specific CSP. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

126. ☑ ☐ The filter dimensions and liquid material to be sterile-filtered shall permit the sterilization process to be completed rapidly, without the replacement of the filter during the process. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

127. ☑ ☐ Filter units used to sterilize CSPs shall also be subjected to manufacturers' recommended integrity test, such as the bubble point test. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

128. ☑ ☐ Compounding personnel shall ascertain that selected filters will achieve sterilization of the particular CSPs being sterilized. [USP-NF Chapter 797 - *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Filtration*]

129. ☐ ☐ **(Steam Sterilization)**
The process of thermal sterilization employing saturated steam under pressure, or autoclaving, is the preferred method to terminally sterilize aqueous preparations that have been verified to maintain their full chemical and physical stability under the conditions employed (see Steam Sterilization under Sterilization and Sterility Assurance of Compendial Articles <1211>).**To achieve sterility, all materials are to be exposed to steam at 121° under a pressure of about 1 atmosphere or 15 psi for the duration verified by testing to achieve sterility of the items, which is usually 20 to 60 minutes for CSPs.** An allowance shall be made for the time required for the material to reach 121° before the sterilization exposure duration is timed. [USP-NF Chapter 797- *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Steam*]

130. ☐ ☐ Not directly exposing items to pressurized steam may result in survival of microbial organisms and spores. Before their sterilization, plastic, glass, and metal devices are tightly wrapped in low-particle-shedding paper or fabrics or sealed in envelopes that prevent poststerilization microbial penetration. **Immediately before filling ampuls and vials that will be steam sterilized, solutions are passed through a filter having a nominal pore size not larger than 1.2 mm for removal of particulate matter. Sealed containers shall be able to generate steam internally; thus, stoppered and crimped empty vials shall contain a small amount of moisture to generate steam.** [USP-NF Chapter 797- *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Steam*]

131. ☐ ☐ The description of steam sterilization conditions and duration for specific CSPs shall be included in written documentation in the compounding facility. The effectiveness of steam sterilization shall be verified using appropriate BIs of Bacillus stearothermophilus (see Biological Indicators <1035>) and other confirmation methods such as temperature-sensing devices (see Sterilization and Sterility Assurance of Compendial Articles <1211> and Sterility Tests <71>). [USP-NF Chapter 797- *Verification of Compounding Accuracy and Sterility- Sterilization Methods- Sterilization of High-Risk Level CSPs by Steam*]

132. ☐ ☐ **(Dry Heat Sterilization)**
Dry heat sterilization is usually done as a batch process in an oven designed for sterilization. **Heated filtered air shall be evenly distributed throughout the chamber by a blower device.** [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility- Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

133. ☐ ☐ **Dry heat shall be used only for those materials that cannot be sterilized by steam,** when either the moisture would damage the material or the material is impermeable. [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility-, Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

134. ☐ ☐ During sterilization, sufficient space shall be left between materials to allow for good circulation of the hot air. [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility- Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

135. ☐ ☐ The description of dry heat sterilization conditions and duration for specific CSPs shall be included in written documentation in the compounding facility. [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility- Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

136. ☐ ☐ The effectiveness of dry heat sterilization shall be verified using appropriate BIs of Bacillus subtilis (see Biological Indicators <1035>) and other confirmation methods such as temperature- sensing devices (see Sterilization and Sterility Assurance of Compendial Articles <1211> and Sterility Tests <71>). [USP-NF Chapters 797- *Verification of Compounding Accuracy and Sterility- Sterilization Method- Sterilization of High-Risk Level CSPs by Dry Heat*]

Finished Preparation Release Checks and Tests

137. ☑ ☐ **All CSPs that are intended to be solutions shall be visually examined for the presence of particulate matter and not administered or dispensed when such matter is observed.** The prescription orders, written compounding procedure, preparation records, and expended materials used to make CSPs at all contamination risk levels are inspected for accuracy of correct identities and amounts of ingredients, aseptic mixing and sterilization, packaging, labeling, and expected physical appearance before they are administered or dispensed. [USP- NF Chapter 797- Finished Preparation Release Checks and Tests- Inspection of Solution Dosage Forms and Review of Compounding Procedures

138. ☑ ☐ **The accuracy of identities, concentrations, amounts, and purities of ingredients in CSPs shall be confirmed by reviewing labels on packages, observing and documenting correct measurements with approved and correctly standardized devices, and reviewing information in labeling and certificates of analysis provided by suppliers.** When the correct identity, purity, strength, and sterility of ingredients and components of CSPs cannot be confirmed (in cases of, for example, unlabeled syringes, opened ampuls, punctured stoppers of vials and bags, containers of ingredients with incomplete labeling), such ingredients and components shall be discarded immediately. [USP-NF Chapter 797- *Verification of Compounding Accuracy and Sterility*]

139. ☑ ☐ The label of each batch prepared of sterile or non-sterile pharmaceuticals shall bear at a minimum: [UAC R156-17b-614a (3)(g)(i-vi)

☑ the unique lot number assigned to the batch;
☑ all active solution and ingredient names, amounts strengths and concentrations, where applicable
☑ quantity
☑ beyond use date and time, when applicable
☑ appropriate ancillary instructions, such as storage instructions or cautionary statements, including cytotoxic warning labels where appropriate; and
☑ device-specific instructions, where appropriate.

140. ☑ ☐ All prescription labels for compounded sterile and non-sterile medications when dispensed to the ultimate user or agent shall bear at a minimum in addition to what is required in Section 58-17b-602 the following: [R156-17b-614a (3)(h)(i)(ii)(iii)

☑ generic name a quantity or concentration of each active ingredient. In the instance of a sterile preparation for parenteral use, labeling shall include the name and base solution for infusion preparation;
☑ assigned compounding record or lot number; and
☑ "this is a compounded preparation" or similar language

Packaging and Storage

141. ☑ ☐ Compounding facilities that ship CSPs to locations outside their own premises shall select modes of transport that are expected to deliver properly packed CSPs in undamaged, sterile, and stable condition to recipients. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packing and Transporting CSPs- Transit of CSPs*]

142. ☑ ☐ Compounding personnel should ascertain that temperatures of CSPs during transit by the selected mode will not exceed the warmest temperature specified on the storage temperature range on CSP labels. It is recommended that compounding personnel communicate directly with the couriers to learn shipping durations and exposure conditions that CSPs may encounter. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Packing and Transporting CSPs- Transit of CSPs*]

143. ☑ ☐ Compounding facilities that ship CSPs to patients and other recipients outside their own premises shall ascertain or provide, whichever is appropriate, the following assurances: [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSP- Storage in Locations Outside Compounding Facilities*]

☑ Labels and accessory labeling for CSPs include clearly readable BUDs, storage instructions, and disposal instructions for out-of-date units.
☑ Each patient or other recipient is able to store the CSPs properly, including the use of a properly functioning refrigerator and freezer if CSPs are labeled for such storage.

144. ☑ ☐ **Inspections shall confirm compliance with appropriate storage conditions, separation of drugs and food, proper use of MDVs, and the avoidance of using single-dose products as MDVs.** CSPs, as well as all other drug products, shall be stored in the patient-care area in such a way as to secure them from unauthorized personnel, visitors, and patients. [USP- NF Chapter 797- *Finished Preparation Release Checks and Tests- Monitoring Controlled Storage Areas*]

145. ☑ ☐ Personnel who prepare, dispense, and administer CSPs shall store them strictly in accordance with the conditions stated on the label of ingredient products and finished CSPs. [USP-NF Chapter 797- Storage and Beyond-use Dating]

Quality Assurance Program

146. ☑ ☐ The assurance of CSPs' quality and packaging integrity is highly dependent on the proper adherence of all personnel to the pertinent SOPs. **Compounding personnel shall design, implement, and maintain a formal education, training, and competency assessment program that encompasses all the functions and tasks addressed in the foregoing sections and all personnel to whom such functions and tasks are assigned.** This program includes the assessment and documentation of procedural breaches, administration mishaps, side effects, allergic reactions, and complications associated with dosage or administration, such as extravasation. This program should be coordinated with the institution's adverse-events and incident reporting programs. [USP-NF Chapter 797- *Maintaining Sterility, Purity, and Stability of Dispensed and Distributed CSPs- Education and Training*]

147. ☑ ☐ **A provider of CSPs shall have in place a formal QA program intended to provide a mechanism for monitoring, evaluating, correcting, and improving the activities and processes described in this chapter.** Emphasis in the QA program is placed on maintaining and improving the quality of systems and the provision of patient care. In addition, the QA program ensures that any plan aimed at correcting identified problems also includes appropriate follow-up to make certain that effective corrective actions were performed. Characteristics of a QA program include the following: [USP-NF Chapter 797- *Quality Assurance (QA) Program*]

☑ Formalization in writing;
☑ Consideration of all aspects of the preparations and dispensing of products as described in this chapter, including environmental testing and verification results;
☑ Description of specific monitoring and evaluation activities;
☑ Specification of how results are to be reported and evaluated;
☑ Identification of appropriate follow-up mechanisms when action limits or thresholds are exceeded; and
☑ Delineation of the individuals responsible for each aspect of the QA program.

148. ☑ ☐ A written quality assurance procedure includes the following in-process checks that are applied, as appropriate, to specific CSPs: [USP-NF Chapter 797- *Responsibilities of Compounding Personnel*]

☑ accuracy and precision of measuring and weighing;
☑ the requirement for sterility;
☑ methods of sterilization and purification;
☑ safe limits and ranges for strength of ingredients, bacterial endotoxins, and particulate matter;
☑ pH;
☑ labeling accuracy and completeness;
☑ BUD assignment;
☑ and packaging and storage requirements.

149. ☑ ☐ Compounding facilities shall clinically monitor patients treated with CSPs according to the regulations and guidelines of their respective state healthcare practitioner licensure boards or of accepted standards of practice. **Compounding facilities shall provide patients and other recipients of CSPs with a way to address their questions and report any concerns that they may have with CSPs and their administration devices.** [USP-NF Chapter 797- *Patient Monitoring and Adverse Events Reporting*]

COMMENTS
(Use an additional sheet if necessary.)

Assisted by Justin Meier, CPhT/Owner, Devin Meier Pharmacist/Owner, and Michael Stucki Staff Pharmacist.

Michael Stucki is the only individual who does sterile compounding.

SOPs were reviewed and compliant.

Media fill for Michael Stucki was not present at the beginning of the inspection. Requested to receive these by end of day 6/30/2025 and send to zackchristensen@utah.gov.

Last hood certification was conducted on 3/28/2025 by Heninger Enterprises LLC.

The facility compounds tirzepatide and semaglutide with glycine additives. A review of two prescriptions each was conducted and found compliant.

The facility does perform terminal filter sterilization. The facility attaches the information onto each CR.

The facility does perform internal endotoxin test.

A review of the MFR was conducted and compliant.

A review of a CR was conducted and compliant.

The facility informs patients and writes on the receipts how to report adverse reactions.

The facility has a compliant QA program.

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: _____ Date of Signature: 6/30/25

Signature of Division Investigator: _____ Date of Signature: 6/30/25

Revised 8/2022

Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

160 E 300 S
P.O. Box 146741
Salt Lake City, Utah 84114-6741

Phone: (801) 530-6628
Toll Free: (866) 275-3675
Online: DOPL.utah.gov
Email: DOPLInvestigations@utah.gov

Automated Pharmacy System

INSPECTION

☐ Opening ☑ Random

INFORMATION

Pharmacy Name: Hillcrest Pharmacy LLC Date: 6/30/25

Pharmacy License Number: 10633340-1703 Expiration Date: 9/30/25

Controlled Substance License Number: 10633340-8913 Expiration Date: 9/30/25

DEA Registration Number: FH7380188 Expiration Date: 10/31/26

Pharmacist-in-Charge (PIC): Jeffrey Ryan Abeyta

Pharmacist-in-Charge License Number: 374023-1701 Expiration Date: 9/30/25

58-17b-621. Automated pharmacy systems

Automated pharmacy systems can be utilized in licensed pharmacies, remote locations under the jurisdiction of the Utah State Board of Pharmacy, and licensed health care facilities where legally permissible, as approved by the division in collaboration with the board, and described in rule.

	Yes	No	
1.	☑	☐	Documentation as to type of equipment, serial numbers, content, policies and procedures, and location shall be maintained on site in the pharmacy for review upon request of the Division. Such documentation shall include: [UAC R156-17b-620(1)] ✔ Name and address of the pharmacy or licensed health care facility where the automated pharmacy system is being used ✔ Manufacturer's name and model ✔ Description of how the device is used ✔ Quality assurance procedures to determine continued appropriate use of the automated device ✔ Policies and procedures for system operation, safety, security, accuracy, patient confidentiality, access and malfunction
2.	☑	☐	Automated pharmacy systems should be used only in settings where there is an established program of pharmaceutical care that ensures that before dispensing, or removal from an automated storage and distribution device, a pharmacist reviews all prescription or medication orders unless a licensed independent practitioner controls the ordering, preparation and administration of the medication; or in urgent situations when the resulting delay would harm the patient including situations in which the patient experiences a sudden change in clinical status. [UAC R156-17b-620(2)]
3.	☑	☐	All policies and procedures must be maintained in the pharmacy responsible for the system and, if the system is not located within the facility where the pharmacy is located, at the location where the system is being used. [UAC R156-17b-620(3)]
4.	☑	☐	Automated pharmacy systems shall have: [UAC R156-17b-620(4)] ✔ Adequate security systems and procedures to, prevent unauthorized access, comply with federal and state regulations, and prevent illegal use or disclosure of protected health information. ✔ Written policies and procedures in place prior to installation to ensure safety, accuracy, security, training of personnel, and patient confidentiality, and to define access and limits to equipment and medications.
5.	☑	☐	Records and electronic data kept by automated pharmacy systems shall meet the following requirements: [UAC R156-17b-620(5)] ✔ All events involving the contents of the automated pharmacy system must be recorded electronically ✔ Records must be maintained by the pharmacy for a period of five years and must be readily available to the Division. Such records shall include:

- ☑ Identity of system accessed
- ☑ Identity of the individual accessing the system
- ☑ Type of transaction
- ☑ Name, strength, dosage form and quantity of the drug accessed
- ☑ Name of the patient for whom the drug was ordered
- ☑ Any additional information the PIC may deem necessary

6. ☑ ☐ Access to and limits on access to the automated pharmacy system must be defined by policy and procedures and must comply with state and federal regulations. [UAC R156-17b-620(6)]

7. ☑ ☐ The PIC or pharmacist designee shall have the sole responsibility to: [UAC R156-17b-620(7)]
   - ☑ Assign, discontinue or change access to the system
   - ☑ Ensure that access to the medications comply with state and federal regulations
   - ☑ Ensure that the automated pharmacy system is filled and stocked accurately and in accordance with established written policies and procedures.

8. ☑ ☐ The filling and stocking of all medications in the automated pharmacy system shall be accomplished by qualified licensed healthcare personnel under the supervision of a licensed pharmacist. [UAC R156-17b-620(8)]

9. ☑ ☐ A record of medications filled and stocked into an automated pharmacy system shall be maintained for a period of five years and shall include the identification of the persons filling, stocking, and checking for accuracy. [UAC R156-17b-620(9)]

10. ☑ ☐ All containers of medications stored in the automated pharmacy system shall be packaged and labeled in accordance with federal and state laws and regulations. [UAC R156-17b-620(10)]

11. ☐ ☐ All aspects of handling controlled substances shall meet the requirements of all state and federal laws and regulations. [UAC R156-17b-620(11)]
    N/A ☑

12. ☑ ☐ The automated pharmacy system shall provide a mechanism for securing and accounting for medications removed from and subsequently returned to the automated pharmacy system, all in accordance with existing state and federal law. Written policies and procedures shall address situations in which medications removed from the system remain unused and must be secured and accounted for. [UAC R156-17b-620(12)]

13. ☑ ☐ The automated pharmacy system shall provide a mechanism for securing and accounting for wasted medications or discarded medications in accordance with existing state and federal law. Written policies and procedures shall address situations in which medications removed from the system are wasted or discarded and must be secured. [UAC R156-17b-620(13)]

COMMENTS

(Use an additional sheet if necessary)

Assisted by Pharmacist Devin Meier and Pharmacy Technician Justin Meier.

The pharmacy utilizes a Parata Max 2

Serial Number 18-3623-11157 Model Number 907-0215

Policies and procedures are available and compliant.

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: Date: 6/30/25

Name of Responsible Party (Print): Devin Meier

Signature of Division Investigator: Date: 6/30/25

Name of Division Investigator (Print): Kaila Silcox

Revised 3/2025

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Hillcrest Pharmacy LLC

EFFECTIVE
01/04/2018

EXPIRATION
09/30/2027

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

10633340-1703 Pharmacy - Class A
10633340-8913 Dispensing Controlled Substance License

DBA:

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

HILLCREST PHARMACY LLC
781 E FORT UNION BLVD
MIDVALE UT 84047

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
ACTIVE LICENSE

EFFECTIVE DATE 01/04/2018
EXPIRATION DATE 09/30/2027
ISSUED TO Hillcrest Pharmacy LLC
781 E FORT UNION BLVD
MIDVALE UT 84047

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)
10633340-1703 Pharmacy - Class A
10633340-8913 Dispensing Controlled Substance License
DBA

SPENCER J. COX
Governor
DEIDRE M. HENDERSON
Lieutenant Governor

State of Utah
Department of Commerce
Division of Professional Licensing

MARGARET W. BUSSE
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 07/17/2025

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): Hillcrest Pharmacy LLC

Classification of License Issued: Pharmacy - Class A

License Number: 10633340-1703

Obtained By: Application

Current Status: Active

Original Date of Licensure: 01/04/2018

Expiration Date: 09/30/2027

Agency and Disciplinary Action: NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107**

Docket and Citation Number(s):

E-Prescriber:

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. This verification form does not show a complete history or interruptions in licensure. If you have any questions please contact the division.

11B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☒ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☒ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Partnership - Pages 1-3 & 6
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Tailstorm Health INC DBA Medivant Healthcare

Physical Address: 24416 N 19Th Ave suite 200

City: Phoenix State: AZ Zip Code: 85085

Telephone: 4806055200 Fax: 480-666-0316

Toll Free Number: _____ (Required per NAC 639.708)

E-mail: licensing@medivanthealth.com Website: medivanthealth.com

Supervising Pharmacist: Sidra Pervez Nevada License #: 24473

SERVICES PROVIDED

Yes/No

☐ ☑ Parenteral
☒ ☐ Sterile Compounding
☐ ☑ Non Sterile Compounding
☐ ☑ Mail Service Sterile Compounding
☐ ☑ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: 5/6/25 Amount: $500-ck 0401

FEI Number (From FDA application): 3022483154

Please provide the name of the facility as registered with the FDA and the registration number:
Tailstorm Health INC

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
Medivant Healthcare

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Sidra Pervez Nevada License Number: 24473

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: N/A

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Mitesh Gandhi
Print Name of Authorized Person

May 01, 2025
Date

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Tailstorm Health INC

Address: 24416 N 19Th Ave suite 200

City: Phoenix State: AZ Zip: 85085

Telephone: 4806055200 Fax: 480-666-0316

Contact Person: Maria Narvaez

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Paul Hench Lemaistre
Name

b) Dan Thiessen
Name

c) Timothy S Callan
Name

d) James T Leathem
Name

[redacted]

2) Provide the number of shares issued by the corporation. 1,048,880

3) What was the price paid per share? $76.52

4) What date did the corporation actually receive the cash assets? October 2024

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Registered Outsourcing Facilities

Facilities Registered as Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act)

Updated as of 4/15/2025

- Information Concerning Outsourcing Facility Registration (/drugs/compounding/questions-and-answers-outsourcing-facility-registration)
- Outsourcing Facility Product Reporting Information (/drugs/compounding/information-outsourcing-facilities#reporting)

This table lists the outsourcing facilities that have submitted registration information that has been determined to be complete by the data lock date for the latest weekly update of the table.

Search: tailstorm health

Show 10 entries

Export Excel

Facility	Contact	Initial Registration Date [1]	Most Recent Registration Date [1]	Last Inspection [2]	Form 483 Issued? [3]	Recall Conducted? [9]	Action Based on Last Inspection [4,5]
Tailstorm Health Inc., Chandler, AZ	Mitexh Gandhi 480-274-8617	10/23/2019	12/10/2024	7/21/2021	Yes (/media/155218/download)	No	FMD-145 Letter Issued 10/23/2023
Tailstorm Health Inc., Phoenix, AZ	Mitexh Gandhi 480-274-8617	10/23/2019	12/18/2024	10/10/2024	Yes (https://www.fda.gov/media/184179/download)	No	Warning Letter Issued 4/8/2025

Showing 1 to 2 of 2 entries (filtered from 91 total entries)

Previous 1 Next

Notes

1. The "initial date of registration as an outsourcing facility" is the date the facility was first registered (i.e., the date FDA determined that the initial registration information submitted for the facility was complete, and the establishment fee was paid in full).

   Under section 503B(b) of the FD&C Act, after the initial registration, a facility that elects to continue to be registered with FDA as an outsourcing facility must re-register annually. A facility that elects to register (or re-register) with FDA as an outsourcing facility must pay an annual establishment fee. The "date of most recent registration as an outsourcing facility" reflects the date FDA determined the most recently submitted registration information was complete and the annual establishment fee for that fiscal year paid in full.

   Unless a previously registered outsourcing facility re-registers and pays the annual establishment fee in full during the registration period (between October 1 and December 31 of each calendar year), the facility will be removed from the list of registered outsourcing facilities on January 1 of the next calendar year.

2. Once an outsourcing facility is registered, the facility will be added to the list of facilities FDA intends to inspect according to a risk-based schedule. FDA plans to inspect outsourcing facilities within a reasonable period of time following initial registration, once it is confirmed that the facility has initiated drug production and distribution. However, the exact timing of the inspections can be affected by a number of variables, including the number of outsourcing facility registrants, other inspection priorities, and the operational status of the newly registered outsourcing facility.

   Inspections identified in this table are associated with the facility at the listed address. A company may own or operate more than one registered outsourcing facility. FDA's web page Compounding: Inspections, Recalls, and other Actions (/drugs/human-drug-compounding/compounding-inspections-recalls-and-other-actions) may contain information about compounding facilities under the same

ownership as the listed registered outsourcing facility.

Inspections may take place over several days, weeks or longer. The date of the inspection is the date a Form FDA 483 listing the investigators' observations was issued. If no FDA Form 483 was issued, the date is the last day of the inspection.

3. A Form FDA 483 is issued when investigators observe any significant objectionable conditions. It does not constitute a final agency determination of whether any condition is in violation of the FD&C Act or any relevant regulations.
4. This table does not include State Board of Pharmacy actions, if any. To determine whether a registered outsourcing facility has been the subject of a state enforcement action, check with the State Board of Pharmacy for the state in which the facility is located. Some states post disciplinary or other actions on their web sites.
5. "Closed" means the inspection has been closed without further action. "Open" means FDA has not determined whether further action will be taken. If an action has been taken, it will be listed. Possible FDA actions include warning letter, seizure or injunction.
6. The information in this column was provided by the registered outsourcing facility at the time of registration and has not been verified by FDA. "N/A" indicates the registered outsourcing facility has not provided this information.
7. This outsourcing facility was the subject of at least one previous inspection relating to compounding that resulted in a Form FDA 483, warning letter or other action. For information about such inspections and resulting actions, visit Compounding: Inspections, Recalls, and other Actions (/drugs/human-drug-compounding/compounding-inspections-recalls-and-other-actions).
8. A remote regulatory assessment (RRA) is an examination of an FDA-regulated establishment and/or its records, conducted remotely, to evaluate compliance with applicable FDA requirements. These assessments assist in protecting human and animal health, inform regulatory decisions and verify certain information submitted to the agency.
9. Based on inspectional findings, the inspection revealed significant issues. As a result, the outsourcing facility may have either initiated a recall on their own following conversation(s) with the FDA investigator or FDA recommended a recall at the conclusion of the inspection or both. Additionally, the outsourcing facility may have conducted multiple recalls or recalled multiple drugs.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Tailstorm Health INC DBA Medivant Healthcare

NV Pharmacy or Outsourcing facility license # (if applicable): N/A

Physical Address: 24416 N 19Th Ave suite 200

City: Phoenix State: AZ Zip: 85085

Mailing Address (if different from physical address): 158 S Kyrene rd

City: Chandler State: AZ Zip: 85226

Telephone: 4806055200 Toll Free # (NAC 639.708, NRS 639.23286):

Fax: Contact Email: licensing@medivanthealth.com

Website: medivanthealth.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Sidra Pervez

Supervising/Managing Pharmacist NV Pharmacist Registration #: 24473

Name of Designated Person(s) as defined by revised USP-797 guidelines:

Email of Designated Person(s): licensing@medivanthealth.com

Telephone of Designated Person(s): 4806055200

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

   Category 1 Category 2 ■ Category 3

If you marked "**Category 3**", you must also complete **section 4**.

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? N/A Yes No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? N/A Aseptic Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes No

5. When was the most recent certification for the ISO classified areas? December 2024

6. What is the frequency of the recertification for the ISO classified areas? Every six months

7. Were there any follow-up items required from the most recent certification report? Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? Every Batch surface sampling is performed Batches when pass-through chambers are use

10. Will you be performing sterile hazardous drug compounding? Yes ■ No

If you marked "**Yes**", you must also complete **section 3**.

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Only FDA approved drugs for 503B Outsourcing facilities

12. What laboratory performs your sterility or endotoxin testing?

Name: Eagle Analytical performs our sterility testing, but we do endotoxin testing in-house

Address: 11111 S Wilcrest Dr S100

City: Houston State: TX Zip: 77099

Telephone: (800) 745-8916

13. What is your procedure for visual inspection of compounded sterile products?

SOP.CQA.0050 Attached

14. How often do you perform glove fingertip and medial fill testing?

Glove fingertip we do initial gowning qualifications, and re-qualifications every 6 months(which include glove fingertip), along with during every batch, every mfg tech involved in mfg process will - media fill every 6 months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

The Manufacturing Manager or designee is responsible for the proper training and thorough understanding of the process outlined in this SOP.
The Pharmacy technician or pharmacist/ Manufacturing Supervisor or designee shall sign off on the process during dispensing and compounding process.
Manufacturing technicians are responsible to follow the instruction/steps for product filter integrity, filtration, manual filling, sealing and Terminal sterilization process as per batch manufacturing record

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Cleaning Crew are responsible for preparation and usage of disinfectants followed by cleaning and sanitization of controlled non-classified and non-classified areas.
Manufacturing personnel are responsible for providing the cleaning material and ensure the Cleaning & Sanitization of corridors & Unclassified areas.
Manufacturing Manager / HR Admin department is responsible to ensure the activity is being followed as per procedure.
Head- Manufacturing / Designee is accountable for overall compliance of the SOP.

Controlled not classified (CNC) areas: Areas where HVAC systems are specifically designed to reduce airborne contaminants below the level of the ambient environment and temperature are controlled more tightly than in the ambient environment
Non-classified (NC)areas: non-classified areas have uncontrolled airborne particle amounts, but temperature and humidity are still maintained. is called non- classified/ unclassified area. Non- classifies area design as the non-process area or area in which the product does not comes in direct contact with air.
Daily Cleaning: In this type of cleaning, except False Ceiling, HEPA filter grills, tube, light fixture, walls

17. Who performs the sterile compounding process at your facility?

Manufacturing

18. Who is responsible and accountable for the sterile compounding process at your facility?

Manunfacturing

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

validation shipping study to ensure any cold chain products are shipped in a pre tested pack out that ensures the product stays in the temperature range required to keep the product safe and product efficacy is valid. With our room temperature products we inspect to ensure none are damaged prior to shipping and ensure all glass vial trays are in bubble wrap to e

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

N/A

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

Only FDA approved drugs for 503B outsourcing facilities

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3 times for initial gowning qualification, then personal monitoring for every batch. and media fill testing every 6 months.

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ✓ Yes No

4. What is the frequency for completing volumetric active air sampling?

During every batch and during monthly enviromental monitoring

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? N/A		
2. Are you complying with all USP 800 guidelines?	Yes	No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	Yes	No
4. Is your BSC or CACI vented 100% to the outside?	Yes	No
5. Do you have a negative pressure buffer room at your facility?	Yes	No
6. Will you be compounding with antineoplastic HDs or HD API?	Yes	No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	Yes	No
8. Will you be utilizing a closed system transfer device?	Yes	No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

N/A

5. What is the frequency for completing surface sampling? During every Batch		
6. What is the frequency for using sporicidal agents? Sporicidal wipes are used during each batch, then cleaning of clean room with Sporicidal agents is every other week.		
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	(Yes)	No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	(Yes)	No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Austin Rodrigues
Name of Person who Completed the Form

Associate Director of Quality Control
Title

Signature (copies or stamps not accepted)

27 MAY 2025
Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

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DEMOGRAPHICS

AZ permit# : M002033

AZ Permit Exp.Date : 10/31/2025

Business Name : Tailstorm Health Inc dBA Medivant Healthcare

Address : 24416 North 19th Avenue, #200

Zip : 85085

City : Phoenix

State : AZ

Phone : (480) 605-5207

Email : P.beougher@medivanthealth.com

Inspection Date : 12/05/2024

Designated Representative : Paula Beougher

FDA Registration# : 3022483154

Inspection Reviewed With : Paula Beougher Director of Pharmacy

Reviewers License# : S017717

Inspection type : Routine

Inspection Conducted By : Dennis Waggoner , Steve Haiber , Ram Karlapudi

ACTIVITIES

1	Controlled Substances	☐ YES	☑ NO
2	Prescription Drugs	☑ YES	☐ NO
3	Nonprescription Drugs	☐ YES	☑ NO
4	Rx Devices	☐ YES	☑ NO
5	Precursor/Regulated Chemicals	☐ YES	☑ NO
6	Veterinary Drugs	☐ YES	☑ NO

PERMITS

1	Arizona	☑ S ☐ N/I ☐ V ☐ N/A ARS § 32-1929(B); 32-1933(A); R4-23-604(A)	

2	DEA	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2522(A); 21 CFR 1301.35(c)
3	FDA 3022483154 (Manufacturer/Repackager)	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(B)(9)

QUALITY CONTROL

1	Operational responsibilities	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.22; 211.180
2	Adequate laboratory facilities Conducting on-site environmental microbiological testing (viable air, surface sampling)	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.22
3	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.22
4	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211.22; 211.180

PERSONNEL

1	Qualifications	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(B)(8); 21 CFR 211.25(a)(b)
2	Training	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.25(a)
3	Adequate Number	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.25(c)

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4	Clothing/protective apparel	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.28(a)(b)
5	Limited access areas Badge access based on job function.	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.28(c)
6	Health conditions	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.28(d)
7	Consultants	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.34
8	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.34; 211.180
9	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K)

FACILITY

1	Size and space 24,500 SFT with 102 employees.	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604; 21 CFR 211.42(a)(b)
2	Separate or defined areas-Receipt/identification	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.42(c)(1)
3	Separate or defined areas-Rejected materials	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.42(c)(2)
4	Separate or defined areas-Released materials	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.42(c)(3)

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5	Separate or defined areas-In-process materials	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.42(c)(4)
6	Separate or defined areas-Manufacturing and processing operations	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.42(c)(5)
7	Separate or defined areas-Packaging and labeling	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.42(c)(6)
8	Separate or defined areas-Quarantine of drug products before release	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.420(c)(7)
9	Separate or defined areas-Storage of drug products after release	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.42(c)(8)
10	Separate or defined areas-Laboratory operations	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.42(c)(9)
11	Separate or defined areas-Aseptic processing	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.42(c)(10)
12	Penicillin processing	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.42(d); 211.46(d)
13	Lighting	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.44
14	Ventilation/environmental control systems The facility has a lighthouse monitoring system with out-of-range alerts in place.	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.46
15	Plumbing	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.48

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16	Sewage and refuse	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.50; 211.56
17	Washing/bathroom facilities	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.52
18	Physical plant	☑ S ☐ N/I ☐ V ☐ N/A	ARS § 32-1966(3); 21 CFR 211.56; 211.58
19	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211.56

EQUIPMENT AND UTENSILS

1	Appropriate design	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.63
2	Construction	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.65
3	Cleaning and maintenance	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.67(a)
4	Automated equipment/computer	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.68(b)
5	Filters Processes involve sterilization by filtration.	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.72
6	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.67(c); 211.68(a); 211.182

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7	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A R4-23-604(K); 21 CFR 211.67(b); 211.160	

COMPONENTS, DRUG PRODUCT CONTAINERS, CLOSURES

1	Storage	☑ S ☐ N/I ☐ V ☐ N/A 21 CFR 211.80(b)(c)	
2	Lot identification	☑ S ☐ N/I ☐ V ☐ N/A 21 CFR 211.80(d)	
3	Container examination	☑ S ☐ N/I ☐ V ☐ N/A 21 CFR 211.82(a)	
4	Quarantine	☑ S ☐ N/I ☐ V ☐ N/A 21 CFR 211.82(b); 211.89	
5	Representative sample	☑ S ☐ N/I ☐ V ☐ N/A 21 CFR 211.84(b)	
6	Sample containers identified	☑ S ☐ N/I ☐ V ☐ N/A 21 CFR 211.84(c)(5)	
7	Sample collection process	☑ S ☐ N/I ☐ V ☐ N/A 21 CFR 211.84(c)	
8	Sample testing Each component lot ID is tested upon receipt and review of the COA. If the COA doesn't have microbiology tests, they are performed. Al l tests are conducted annually to verify the supplier's COA.	☑ S ☐ N/I ☐ V ☐ N/A 21 CFR 211.84(d)(e)	
9	Stock rotation	☑ S ☐ N/I ☐ V ☐ N/A 21 CFR 211.86	

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10	Retesting The facility is ordering limiting quantities of components based on production needs.	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.87
11	Container and closure qualities	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.94
12	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-601(D); 21 CFR 211.184; 1304.22
13	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211.80(a); 211.94(d); 211.160

PRODUCTION AND PROCESS CONTROLS

1	Active ingredients	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.101(a)
2	Component weighing operations	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.101(c)
3	Components removed from original container	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.101(b)
4	Component addition to batch	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.101(d)
5	Calculation of yield	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.103
6	Equipment identification	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.105

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7	Testing of in-process materials	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.110
8	Time limit on production	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.111
9	Control of microbiological contamination	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.113
10	Batch testing Some tests are conducted in the Chandler facility; some tests are performed at the contract lab.	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.165
11	Reprocessing	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.115, 211.165(f)
12	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.100; 211.101; 211.103; 211.110; 211.165
13	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211.100; 211.160; 211.165

PACKAGING AND LABELING CONTROL

1	Examination on receipt	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.122(a)(b); 211.184
2	Storage Labels are not stored and are printed on demand. Packaging material (outer cartons) is stored in a secure area with badge access.	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.122(d)
3	Label and package destruction	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.122(e); 211.125(d)

4	Label type and inspection	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.122(f)(g)(h)
5	Label issuance	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.125
6	Packaging and labeling operations	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.130
7	Tamper-evident packaging	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.132
8	Drug product inspection	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.134
9	Expiration dating Lot number and expiration date are printed during production/packaging operation.	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.137
10	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.122; 211.184
11	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211.122(a); 211.125(f); 211.130; 211.160

HOLDING AND DISTRIBUTION

1	Quarantine of drug products	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.142(a)
2	Drug product storage	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.142(b)

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3	Distribution records	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-601(D); R4-23-1003(A); 21 CFR 211.196
4	Stock distribution	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(H); 21 CFR 211.150(a)
5	Lot recall	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 111.150(b)
6	Written Procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211.142; 211.150

LABORATORY CONTROLS

1	Quality control review of processes	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.160
2	Established controls	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.160
3	Stability testing drug products	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.166
4	Special testing requirements	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.167
5	Penicillin contamination	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.176
6	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.194
7	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211.160; 211.166; 211.167

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REPRESENTATIVE SAMPLES

1	Components, drug containers, closures	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.184(b); 211 160
2	In-process materials	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.160
3	Batches	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.165
4	Drug products	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.160

RESERVE SAMPLES

1	Active ingredient Not maintaining active ingredient reserves.	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.170(a)
2	Quantity held active ingredient	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.170(a)
3	Retention period active ingredient	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.170(a)
4	Lot or batch of drug product	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.170(b)
5	Container/closure system drug product	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.170(b)
6	Quantity held drug product	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.170(b)

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7	Examination of drug product for deterioration	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.170(b)
8	Retention period drug product	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.170(b)

MASTER PRODUCTION AND CONTROL RECORDS

1	Each drug product/batch size	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.186(a)
2	Documentation-Name/strength	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.186(b)
3	Documentation-Active ingredient	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.186(b)
4	Documentation-Component list	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.186(b)
5	Documentation-Statement of weight	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.186(b)
6	Documentation-Calculated excess	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.186(b)
7	Documentation-Theoretical weight	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.186(b)
8	Documentation-Theoretical yield	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.186(b)
9	Documentation-Packaging description/label	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.186(b)

10	Documentation-Written instructions	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.186(b)
11	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211 186(a)

BATCH RECORDS

1	Preparation	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(a)
2	Content	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(a)
3	Follows master production record	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(a)
4	Documentation-Dates	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
5	Documentation-Equipment/processing lines	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
6	Documentation-Identification of components/in-process material	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
7	Documentation-Components	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
8	Documentation-Control results	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
9	Documentation-Packaging/label inspections	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)

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10	Documentation-Yield	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
11	Documentation-Labeling control records	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
12	Documentation-Containers/closures	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
13	Documentation-Sampling	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
14	Documentation-Personnel	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.188(b)
15	Documentation-Investigations OOS investigation policy exists - no deviations noted in the batch records observed.	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.192; 211.188(b)
16	Documentation-Examinations	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.134; 211.188(b)
17	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 1304.22
18	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K)

COMPLAINT FILES

1	Review	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.198(a)

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2	Investigation	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.198(a); 211.180(f)
3	Written complaint documentation	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.198(b)
4	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.198(b)
5	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211.198(a)

RETURNS

1	Identify/quarantine	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.204
2	Disposal	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.204
3	Reprocessing The returned product is not reprocessed; it is destroyed.	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 211.204
4	Investigation	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.204; 211.180(f)
5	Recordkeeping	☑ S ☐ N/I ☐ V ☐ N/A	21 CFR 211.204
6	Written procedures	☑ S ☐ N/I ☐ V ☐ N/A	R4-23-604(K); 21 CFR 211.204

CONTROLLED SUBSTANCES

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

1	Security Not handling controlled substances at this facility.	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 1301.71(a); 1301.72
2	In-process substance security	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 1301.73
3	Limited-access area	☐ S ☐ N/I ☐ V ☑ N/A	21 CFR 1301.73; 211.28(c)
4	Recordkeeping	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2523; 36-2524; R4-23-601(D); R4-23-1003; 21 CFR 1301.74; 1304.21
5	Inventory	☐ S ☐ N/I ☐ V ☑ N/A	ARS § 36-2523; R4-23-1003(A)(6); 21 CFR 1304.04; 1304.11

NOTES

Hours of operation: Mon - Fri: 9 am - 5 pm (Mon - Fri).

Reviewed batch records, including associated EM/PM data for Bevacizumab PFS 1.25 mg/0.05 ml Batch D24062 repackaging date 11/04/24 Exp: 11/04/25 and Semaglutide PFS 1 mg/0.2 ml inj Batch D24064, Mfr date 10/31/24 and Exp 07/30/25.
Cleanroom suite certification testing was conducted in May 2024—repeat tests are planned in the next few weeks.
Media fill for the Avastin process simulation was completed on 10/15/24.
Media fill for the Semaglutide process simulation was completed in Nov 2024
The response to FDA observations was reviewed; the modifications made during personal interventions/workflow did not result in negative outcomes as of the current inspection date. In the next few weeks, a new smoke study will be completed to simulate airflow in the Class -5 equipment area to demons trate the state of control.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
6th & Kipling St. (P.O. Box 25087) Denver, CO 80225-0087 (303)236-3000 Fax:(303)236-3100	9/24/2024-10/10/2024*
	FEI NUMBER 3022483154

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Viraj Gandhi, CEO	
FIRM NAME Tailstorm Health INC	STREET ADDRESS 24416 N 19th Ave Ste 200
CITY, STATE, ZIP CODE, COUNTRY Phoenix, AZ 85085-1400	TYPE ESTABLISHMENT INSPECTED Outsourcing Facility

This document lists observations made by the FDA representative(s) during the inspection of your facility. They are inspectional observations, and do not represent a final Agency determination regarding your compliance. If you have an objection regarding an observation, or have implemented, or plan to implement, corrective action in response to an observation, you may discuss the objection or action with the FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.

DURING AN INSPECTION OF YOUR FIRM I OBSERVED:

OBSERVATION 1

There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically,

A. Your firm released sterile drug product, Bevacizumab (Avastin) Lot# D24006, BUD: 21 Feb 2025, Batch size: 5335 Pre-Filled Syringes, after a positive microbial growth was detected during the personnel monitoring of aseptic personnel that performed a non-routine intervention on the filling line where RABS (Equipment ID: PE001) doors were opened to adjust the filling needles and 2P Punches. 1cfu was observed from the right forearm on 04 Mar 2024, however investigation into the excursion was not initiated until 15 Mar 2024. Your Quality Unit did not expand the investigation to include a retrospective evaluation. Additionally, there is no evidence that the open Pre-Filled Syringes that were exposed during the intervention were investigated or discarded. Your investigation stated that the root cause is due to "the ISO-7 environment the operator occupies prior to entering the ISO-5 environment".

B. Your firm released sterile drug product Bevacizumab (Avastin) lots D24005 and D24008 without thoroughly investigating out-of-specification results of particulate matter. No lab error was found at the conclusion of the investigation opened by your contract testing lab. Your firm opened an investigation into these results, but the investigation failed to determine what these particles were. Your firm re-tested these lots and released them into the U.S market without identifying

AMENDMENT 1

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Dogbeda F Mackenzie, Investigator	X	DATE ISSUED 10/10/2024

the source of the particles found in your drug product.

C. Your firm's Quality Unit failed to thoroughly investigate, determine root causes, and implement appropriate corrective and preventative actions in response to personnel monitoring excursions. For example, your firm opened investigation into OOS.DMC.24.003 and stated the following "The contamination observed on the left forearm of the manufacturing technician is most likely attributable to sampling the gowning material which is subject to the ISO7 environment preceding entry into ISO5 environment". Out-of-Specification results in microbiological excursions were observed on four different aseptic operating personnel over the course of 04 Mar 2024 to 01 Jul 2024. The investigations you conducted did not determine why contamination in the ISO-7 would have occurred nor did it include corrective actions to mitigate it from reoccurring. The following investigations were opened into these excursions:

Investigation	Product	Lot number
OOS.DMC.24.001	Bevacizumab (Avastin) (1.25mg/0.05mL)	D24006
OOS.DMC.24.003	Bevacizumab (Avastin) (1.25mg/0.05mL)	D24008
OOS.DMC.24.005	Bevacizumab (Avastin) (1.25mg/0.05mL)	D24009
OOS.DMC.24.008	Bevacizumab (Avastin) (1.25mg/0.05mL)	D24012
OOS.DMC.24.012	Semaglutide (5mg/mL)	D24019

OBSERVATION 2
Procedures designed to prevent microbiological contamination of drug products purporting to be sterile did not include adequate validation of the aseptic process.

Specifically,

A. Your firm failed to adequately simulate your aseptic filling process of your drug product

AMENDMENT 1

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Bevacizumab (Avastin) in the media fill you conducted. The media fill your firm conducted to validate the aseptic filling process of drug product Bevacizumab included an additional filtration step that occurred inside of the filling machine (Equipment ID: PE001). However, the current process used to perform aseptic filling of Bevacizumab (Avastin) vials does not include a filtration step inside the filling machine (Equipment ID: PE001).

B. Sterilized filling components are routinely moved from ISO-7 filling room (room # PR 003) and introduced into the ISO-5 RABS (Equipment ID: PE001) without being disinfected. On 09/27/2024, during the assembly of the filling machine for Semaglutide (8mg/mL) Lot# D24044, your Aseptic Operators were observed placing wrapped autoclaved filling components into ISO-5 classified RABS. Your Head of Quality stated that employees are not required nor trained to disinfect filling components before introducing them into the ISO-5 classified RABS.

OBSERVATION 3

Aseptic processing areas are deficient regarding systems for maintaining any equipment used to control the aseptic conditions.

Specifically,

A. Your smoke studies are inadequate. The smoke studies your firm conducted to simulate aseptic processes did not demonstrate the impact of the airflow during line interventions, equipment manipulations, and machine assembly. The videos did not show the airflow reaching all work surfaces and exiting your RABS filling equipment.

B. Your firm does not adequately capture the environmental conditions in which aseptic processes are conducted. Your procedure SOP.DQC.007, Environmental Monitoring, Effective date: 11 Mar 2024, Revision: 03 instructs personnel performing filling machine assembly to be sampled after set-up. Your firm failed to immediately sample personnel conducting filling machine setup

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for about 34 lots that have been released from your facility. For example:

i. On 19 Mar 2024, your technician completed setup of the filling machine (Equipment ID: PE001) for aseptic filling of drug product Bevacizumab (Avastin) Lot# D24008 at 07:07am, however environmental monitoring of the employee who performed setup was performed at 07:50am on 19 Mar 2024.

ii. On 26 Apr 2024, your technician completed setup of the filling machine (Equipment ID: PE001) for aseptic filling of drug product Bevacizumab (Avastin) Lot# D24012 at 08:01 am, however environmental monitoring of the employee who performed setup was performed at 08:34 am on 26 Apr 2024.

iii. On 01 Jul 2024, your technician completed setup of the filling machine (Equipment ID: PE001) for aseptic filling of drug product Semaglutide Lot# D24019 at 08:51 am, however environmental monitoring of the employee who performed setup was performed at 09:35 am on 01 Jul 2024.

C. On 27 Sep 2024, during aseptic filling of Semaglutide (8mg/mL) Lot# D24044, your employee was seen rubbing excess Sterile 70% IPA on gloved hands prior to being sampled.

D. Your firm performs aseptic filling of drug products using RABS. On 24 Sep 2024, aseptic personnel's head to mid trunk of body exposed to ISO-5 classified RABS during machine assembly for Bevacizumab (Avastin) Lot# D24042. Your Head of Quality was unable to provide scientific justification to why personnel monitoring of aseptic personnel forehead and chest are not sampled.

OBSERVATION 4

Written procedures are not established for the cleaning and maintenance of equipment, including utensils, used in the manufacture, processing, packing or holding of a drug product.

AMENDMENT 1

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Specifically,

Your firm failed to establish a procedure for cleaning of aseptic filling equipment with sporicidal. Your environmental and personnel monitoring program has recovered spore-forming microorganisms while performing aseptic operations of sterile drug products, however there is no documentation to show that sporicidal wipes are being used during cleaning of your aseptic filling equipment.

OBSERVATION 5

The labels of your outsourcing facility's drug products do not include information required by section 503B(a)(10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act).

Specifically,

The statement "Office Use Only" if the drug is dispensed or distributed other than pursuant to a prescription for an individual identified patient.

Examples of your drug product labels that do not contain this information, include, but are not limited to:

- Semaglutide 1mg/0.2mL

***DATES OF INSPECTION**

9/24/2024(Tue), 9/25/2024(Wed), 9/26/2024(Thu), 9/27/2024(Fri), 9/30/2024(Mon), 10/01/2024(Tue), 10/02/2024(Wed), 10/03/2024(Thu), 10/04/2024(Fri), 10/09/2024(Wed), 10/10/2024(Thu)

AMENDMENT 1

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Dogbeda F Mackenzie, Investigator	DATE ISSUED 10/10/2024

The observations of objectionable conditions and practices listed on the front of this form are reported:

1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."

TailStorm HEALTH INC 24416 N 19th Ave, Suite 200 Phoenix, AZ 85085

Oct 31, 2024

ATTN:
CDR Steven E. Porter, Jr.
Jr., Program Division Director/District Director
U.S. Food & Drug Administration (FDA)
6th & Kipling St. (P.O. Box 25087)
Denver, CO 80225-0087

Subject: Response to FDA's "483 Inspectional Observations" issued on October 10, 2024.

Dear Mr. CDR Steven E. Porter, Jr.,

Tailstorm Health Inc. dba Medivant Health, a 503B registered outsourcer, located at 24416 N 19th Ave, Suite 200 Phoenix, AZ 85085 was subject to the FDA inspection from Sep 24, 2024, to Oct 10, 2024. The FDA inspector issued form FDA 483 on Oct 10, 2024, at the end of the inspection. This letter is in response to the form FDA 483 issued to Tailstorm Health Inc. dba Medivant Health. As an introductory comment, Tailstorm Health Inc. takes the FDA 483 observations and all the Investigator's comments seriously and it is our intent to continue to strive to be fully compliant with all aspects of the current 503B guidance as well as all appropriate sections of 21 CFR 210 and 211.

We would like to thank Dogbeda F Mackenzie for her insights and professional manner in which she conducted the inspection. This letter responds to the specific observations as noted in FDA 483. We recognize that FDA 483 addresses only certain specific aspects and that it is the responsibility of Tailstorm Health Inc. to be in full compliance with the regulations and 503B guidance. Tailstorm Health is committed to manufacturing quality products for our patients in compliance with cGMP requirements and FDA expectations. As shown in our response to the inspection observations, we have considered the events discussed in the observation individually and from a holistic perspective and trust that we have addressed the observations in a satisfactory manner.

Tailstorm Health Inc. will update the agency with monthly responses until all items are completed and fully addressed. The first update will be sent by Dec 03, 2024. Further, we have retained expert third-party consultants to assist with correction actions (Jeff Yuen & Associates, Stantec, and Ron Stephens) as deemed necessary to expedite corrective actions as noted below in each response. Tailstorm Health Inc. and its Senior Management are fully committed to supporting the corrective actions detailed below, including the commitment of necessary financial resources.

If you have questions about our response or would like to discuss, please contact Sushil Sharma, Head of Quality at s.sharma@medivanthealth.com (phone number 4808756727).

Sincerely,

Viraj Gandhi, CEO Tailstorm Health Inc.

Observation#1:

There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically,

A. ***Your Firm released sterile drug product, Bevacizumab (Avastin) Lot# D24006, BUD: 21 Feb 2025, Batch Size: 5335 Pre-Filled Syringes, after a positive microbial growth was detected during the personnel monitoring of aseptic personnel that performed a non-routine intervention on the filling line where RABS (Equipment ID:PE001) doors were opened to adjust the filling needles and 2P punches.1 cfu was observed from the right forearm on 04 Mar 2024, however investigation into the excursion was not initiated until 15 Mar 2024. Your Quality unit did not expand the investigation to include a retrospective evaluation. Additionally, there is no evidence that the open Pre-Filled Syringes that were exposed during the intervention were investigated or discarded. Your investigation stated that the root cause is due to "the ISO-7 environment the operator occupies prior to entering the ISO-5 environment".***

Tailstorm Response:

Tailstorm acknowledges the observation and has outlined the response below. Tailstorm acknowledges the need to improve our investigation process and documentation for out-of-specification incidents. Tailstorm has implemented Master Control for documents and training and commits to expediting the deviation & OOS module to be completed by end of Q4 2024. Tailstorm understands the importance of thoroughly investigating any unexplained discrepancy including the failure of a batch or any of its components to meet specifications.

The root cause for the 1 cfu found on the operators forearm stated in the original OOS.DMC.24.001 investigation report was "the ISO-7 environment the operator occupies prior to entering the ISO-5 environment".

Upon review of OOS.DMC.24.001, Bevacizumab (Avastin) (1.25mg/0.05mL) Lot # D24006 it is recognized the original investigation and root cause was inadequate and a specific root cause was not determined.

During the filling process for Lot# D24006, 1 cfu was recovered from the right forearm of the operator that performed a non-routine intervention to adjust the filling needles and 2P punches. Our action limit requiring investigation is 1 CFU in the ISO 5 area. If any growth is detected within ISO 5 environment, a full investigation would be initiated, as occurred with this batch. Regarding the time lapsed prior to starting the investigation, the Quality unit identified the out-of-specification result during the batch record review process. A newly hired microbiologist (January 2024) that performed the testing did not understand that the 1 cfu action limit in the ISO 5 environment required elevation to Quality to initiate an investigation.

On reviewing the personnel monitoring results form it was noted that there was no quality reviewer which would ensure any excursion is escalated immediately. The form has been revised to provide a quality review. (Click here to review revised format of Personnel Monitoring, SOP.DQC.0006-F01)

A retrospective evaluation has confirmed that there were no other instances of not reporting any OOS results to Quality management (Click here to review personnel monitoring data of Q1-2024, Q2-2024 & Q3-2024 and environmental monitoring data of Q1-2024, Q2-2024 & Q3-2024)

Regarding the open prefilled syringes that may be present during an intervention, a Standard Operating Procedure is in place (Click here to review section 5.5.2 of SOP DMF.017, Effective Date – 04 Dec 2023) which states "If there are any exposed units present on the track, reject it and document in the batch record for each open-door intervention". In this instance an open-door intervention occurred to adjust filling needles and 2P punches.

As per an interview with the Director of Manufacturing, these types of intervention adjustments are planned. The machine is reset manually through filling machine Human Machine Interface (HMI) and the robotic arm in the filling machine moves the partially/fully filled tub to the RABS exit. This is performed prior to opening the door and entering the RABS to perform the adjustment. After the PFS tub exits the RABS, Per SOP DMF.017 Section 5.5.2, the online inspection operator (inspects each PFS filled tub for empty/unstoppered PFS), rejects all unstoppered units from the partially/fully filled tub. (Click here to review, BMR page of intervention & reconciliation & online inspection, Machine manual for rephasing, SOP section 5.5.2 of SOP DMF.017) On reviewing the batch record it was noted that there was no section to distinguish breakdown rejects and normal filling rejects. This documentation gap has been identified and the batch record has been revised to provide traceability of intervention rejects (Click here to review revised BMR pages for traceability of intervention rejects).

As per the root cause stated in the observation 1A, the original investigation report was "the ISO-7 environment the operator occupies prior to entering the ISO-5 environment".

The specific root cause was that filling machine personnel was not being sampled immediately upon exit of the ISO5 RABS and sampling was performed in an adjacent washing and equipment preparation ISO-7 room. Filling machine personnel are now sampled immediately adjacent to ISO5 RABS.

Impact assessment:

The **1 CFU** detected on the operator's forearm during the intervention did not impact product quality or sterility as all other air and surface monitoring results of the ISO5 RABS show no other excursions (Click here to review environmental monitoring data of Lot # D24006). The results indicate that the environment of the ISO5 RABS effectively maintained aseptic conditions throughout the filling process despite the event. Additionally, there was no direct exposure of the

operator's forearm to any product contact surfaces and the operator's sampled fingertips were 0 cfu.

The supporting microbiology results indicate that the controlled environment of the ISO5 RABS effectively maintained sterility despite the event.

The critical worst-case air and surface monitoring sample sites includes:

a. Contact plates results of the RABS filling and stoppering stations. (Click here to review)
b. Contact plates results of the RABS near the IV bag placement (product solution). (Click here to review)
c. Swab sampling results of the filling needles. (Click here to review)
d. Settle plate monitoring results near the filling and stoppering stations. (Click here to review)
e. Settle plate monitoring results near the open PFS tub conveyor. (Click here to review)
f. Active air sampling results near the filling and stoppering stations. (Click here to review)
g. Continuous non-viable particle count data. (Click here to review)
h. Sterility test result of manufactured lot #D24006. (Click here to review)

Of the 16 sample plates tested in ISO5 environment for this batch this was the only plate that confirmed growth. Our action limit requiring investigation is 1 CFU in the ISO 5 area. If any growth is detected within ISO 5 environment, a full investigation would be initiated, as occurred with this batch. Continuous viable air monitoring takes place right at the filling and stoppering locations within the RABS and is sampled dynamically throughout the batch.

In addition to the continuous viable monitoring at the worst-case site, the critical areas are currently sampled in a manner that is consistent with US FDA 2004 guidance titled "Sterile Drug Products Produced by Aseptic Processing – Current Good Manufacturing Practice". The continuous non- viable monitoring met ISO 5 air particulates criteria and all continuous viable air monitoring data confirmed no growth. This data demonstrated and confirmed that the ISO 5 space was free from viable contamination from all direct surface samples in addition to the air sampling. The sleeve growth was captured from an operator that was adjusting needle and 2P punch plate during an intervention while the filling operation was not in process. Additional cleaning and sanitization of the area was performed immediately after this occurrence using a sporicidal wipe prior to restarting the batch.

This process intervention has been challenged during six previous media fill process qualifications with no media failures. The batch was released based on a full and complete review of all environmental data and all other in process and direct surface sampling outlined above and final batch testing that met all requirements, including sterility testing.

This process is consistent and compliant with the PDA Points to Consider for Aseptic Process Part 1, 2015, Page 24, specifically "*The significance of an action-level excursion in environmental monitoring and its impact on batch release is determined by a comprehensive investigation of all conditions that might impact the acceptability of the process and the batch (es) produced by the process*". In this case, the risk-based locations chosen showed no growth within the RABS and all other samples indicated no growth. We believe that our practices and decisions regarding our processes and batch release are aligned with best industry practices.

Corrective and Preventive actions:

Tailstorm has implemented corrective and preventive actions to address the root cause and prevent reoccurrence:

1. SOP.DQC.0006-F01 has been revised to add QA review on Personal monitoring report to ensure escalation to an OOS at the time of documentation. (Click here to review SOP.DQC.0006-F01).
2. SOP.DMF.0031 has been revised for procedural instructions to ensure personnel monitoring occurs immediately after machine setup or intervention adjacent to ISO5 to capture contamination risks during critical activities. (Click here to review SOP.DMF.0031).
3. The batch manufacturing record has been updated to clearly document rejects from interventions separately from normal production rejects, ensuring clarity in tracking these types of rejects during interventions. (Click here to review revised BMR pages for traceability of intervention rejects).

Attachments for observation 1A:

Attachment	:	Document Title
Attachment -1A-1	:	SOP.DMF.017 Section 5.5.2 (Click here to review)
Attachment -1A-2	:	SOP.DMF.0031 Procedure for assembly, operation and cleaning of PFS filling machine (Click here to review)
Attachment -1A-3	:	Batch record pages for intervention, reconciliation and online inspection (Click here to review)

Observation#1:

There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically,

B. Your firm released sterile drug product Bevacizumab (Avastin) lots D24005 and D24008 without thoroughly investigating out-of-specification results of particulate matter. No lab error was found at the conclusion of the investigation opened by your contract testing lab. Your firm opened an investigation into these results, but the investigation failed to determine what these particles were. Your firm re-tested these lots and released them into the U.S market without identifying the source of the particles found in your drug product.

Tailstorm Response:

Tailstorm acknowledges the observation and has outlined the responses below. Tailstorm has performed the phase 2 investigation, (Click here to review phase-2 investigation report) and we agree there was a lack of identifying the specific source of the particles although the particles were identified by ARL Biopharma (Click here to review particle identification report of D24005 & D24008).

The third-party testing laboratory (Prompt Praxis labs) tested 20 lots of Avastin using USP 789 method 1 with all passing results. As laboratory's method 1 testing equipment being placed out of service, testing was performed using USP 789 method 2 for subvisible particulate test. The laboratory did not notify Tailstorm that before proceeding with method 2. The failures for lots D24005 and D24008 occurred in method 2 testing.

The laboratory investigation did not determine a specific root cause for the out of specification results. We then proceeded to conduct phase 2 investigation.

The phase 2 investigation determined that the particles identified could be from the manual processes involved during USP 789 method 2 testing. Specifically, from the filtration the use of cellulose wipes packaged in plastic and intermediate glass transfer vessel. The phase 1 investigation from the lab has also indicated a likely contamination possibility from the manual processes like pooling process and during the transfer of 1 mL drug product to the scintillation vial which is subjective and may not be consistent across the lots (Click here to review phase-1 investigation report).

During the phase 2 investigation Tailstorm product contact materials and equipment were rinsed/soaked in water for injection. Testing the rinse samples using USP 789 method 1,all results were zero with the exception of 3 subvisible particles of less than 10 µ were recovered from the

soaked pre sterilized stoppers (Click here to review results). Additionally, we performed a water for injection test run mimicking the process and components and no particles were recovered (Click here to review results). This demonstrates that the 5µ filter prior to filling needle is effective in preventing the introduction of particles into the filled syringes.

The statement from the phase 2 investigation revealed an apparent change in test method adopted at Prompt Praxis labs from method 1 Light Obscuration instrumental method USP 789 (Spectrex mode PC-2200) to method 2 microscopic inspection USP 789. Incidentally, the change in test method was introduced from D24005 and continued in Lot no D24006, D24007, D24008 & D24009. The test method and procedure were found to involve many physical maneuvers including transfer of 15 PFS contents into a primary scintillating vessel, pipetting of 1 mL aliquot into a second scintillating vessel, dilution with 4 mL nano pure water, filtration using a funnel assembly through gridded filter and transfer of the filter paper to the microscope. The fact that PPL historically followed method 1 (Light obscuration instrument technique) for all the 16 Lots manufactured in Year 2023 and 4 Lots manufactured in Year 2024 and the method 2 introduced from D24005 appears to be a non-routine test procedure for the third-party laboratory.

The decision to retest in triplicate was based on all acceptable previous method 1 testing, the laboratory providing possible sources of particulate contamination in their method 2, our phase 2 investigation of all equipment/components rinse water testing, and the filling process simulation with WFI showing no subvisible particles introduced by our process. Furthermore, the 5µ filter immediately prior to filling needle is effective in preventing the introduction of particles into the filled syringes.

We have performed retrospective review (Click here to review retrospective review report) to identify the specific source of the particles. During this retrospective review Prompt Praxis labs did share material used in method 2. This information led us to determine specific sources of the particles identified by the third-party laboratory (ARL). The following is a table detailing supplies and their material of construction used in method 2 and corelation to particles identified during phase 1 investigation.

Correlation of extrinsic particles with source of origin

Particles identified in Lot Number D24005	Supplies used in method 2	Material of construction	Particle correlation
Cellulose	Advantec 0.8 µm 25mm gridded filters	Mixed Cellulose Ester	Cellulose fiber
	Kimwipes	Cellulose wipes in plastic container	Cellulose fiber
Polyamide	Kimwipes	Cellulose wipes in plastic container	Polyamide

Particles identified in Lot Number D24005	Supplies used in method 2	Material of construction	Particle correlation
	Scintillation vial cap (Polypropylene)	Polypropylene	Polyamide
Aluminum with lesser amounts of copper, carbon, oxygen and nitrogen	Filtration assembly Petri dish	Glass	Traces of aluminum and other elements like manganese, silicon, chromium, cobalt
	Scintillation vial (glass) with cap (Polypropylene)	Glass Polypropylene	Traces of aluminum Carbon fillers

Particles identified in Lot Number D24008	Supplies used in method 2	Material of construction	Particle correlation
Polyamide	Kimwipes	Cellulose wipes in plastic container	Polyamide
	Scintillation vial cap (Polypropylene)	Polypropylene	Polyamide
Silicon, chromium, manganese	Filtration assembly Petri dish	Glass	Traces of aluminum and other elements like manganese, silicon, chromium, cobalt
Albumin or related proteins	Related to product Avastin		
Elastomer/rubber	Source is syringe stopper or syringe cap rubber seal		
Iron, chromium, nickel with stainless steel corrosion	No specific source of stainless steel was found. We have inspected stainless steel parts stopper bowl, stopper track, needle after 5 µ filter and found no wear and tear or corrosion. A source could be syringe needles or other instruments used at the laboratory.		

Conclusion:

There was a lack of identifying the specific source of the particles during the phase 2 investigation although the particles were identified by ARL Biopharma. During our retrospective review we have received further information from PPL regarding their method 2 process and materials used to perform method 2. These materials corelate to the particles identified during the phase 1 investigation.

The decision to retest in triplicate was based on all acceptable previous method 1 testing, the laboratory providing possible sources of particulate contamination in their method 2, our phase 2 investigation of all equipment/components rinse water testing, and the filling process simulation

with WFI showed no subvisible particles introduced in our process. Furthermore, the 5µ filter immediately prior to filling needle is effective in preventing the introduction of particles into the filled syringes.

Based on these findings we determined it was method 2 laboratory error and retested using method 1 with a new qualified Accusizer A2000 particle counter and both lots met all specifications in compliance with USP 789.

All USP 789 method 1 tests for the 16 lots manufactured in 2023 and the 27 lots manufactured in 2024 met USP 789 acceptance criteria. Failures have only occurred using method 2 at Prompt Praxis Lab.

Impact assessment:

Market complaints were reviewed for infection, redness, endophthalmitis or any other problems during administration which would indicate a subvisible particulate matter issue. There have been no markets complaints for lot D24005 and D24008.

Attachments for observation 1B:

Attachment	:	Document Title
Attachment -1B-1	:	Phase-1 investigation report (Click here to review)
Attachment -1B-2	:	Particle identification report (Click here to review report 1 & report 2)
Attachment -1B-3	:	Phase-2 investigation report (Click here to review)
Attachment -1B-4	:	Retrospective evaluation of phase 2 investigation report (Click here to review)

Observation#1:

There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically,

C. ***Your firm's Quality Unit failed to thoroughly investigate, determine root causes, and implement appropriate corrective and preventive actions in response to personnel monitoring excursions. For example, your firm opened investigations into OOS.DMC.24.003 and stated the following "The contamination observed on the left forearm of the manufacturing technician is most likely attributable to sampling the gowning material which is subject to ISO7 environment preceding entry into ISO5 environment." Out-of-Specification results in microbiological excursions were observed on four different aseptic operating personnel over the course of 04 Mar 2024 to 01 Jul 2024. The investigations you conducted did not determine why contamination in the ISO-7 would have occurred nor did it include corrective actions to mitigate it from reoccurring. The following investigations were opened into these excursions:***

Investigation	*Product*	*Lot number*
OOS.DMC.24.001	*Bevacizumab (Avastin) (1.25mg/0.05mL)*	*D24006*
OOS.DMC.24.003	*Bevacizumab (Avastin) (1.25mg/0.05mL)*	*D24008*
OOS.DMC.24.005	*Bevacizumab (Avastin) (1.25mg/0.05mL)*	*D24009*
OOS.DMC.24.008	*Bevacizumab (Avastin) (1.25mg/0.05mL)*	*D24012*
OOS.DMC.24.012	*Semaglutide (5mg/mL)*	*D24019*

Tailstorm Response:

Tailstorm acknowledges the observation and has outlined the response below. Tailstorm acknowledges the need to improve our investigation process and documentation for out-of-specification incidents. Tailstorm has implemented Master Control for documents and training and commits to expediting the deviation & OOS module to be completed by end of Q4 2024. Tailstorm understands the importance of thoroughly investigating any unexplained discrepancy including the failure of a batch or any of its components to meet specifications.

OOS.MC.24.001, OOS.MC.24.003, OOS.MC.24.005 and OOS.MC.24.012: Root cause analysis

OOS No. and Lot no.	Sampling location	Task performed	Root cause as per phase 2 investigation
OOS.MC.24.001 / D24006	1 cfu on left forearm	Non routine intervention	Operator occupies ISO7 environment prior to entering the ISO5 environment
OOS.MC.24.003 / D24008	1 cfu on left forearm	Machine assembling in ISO5	Sampling gowning material subjected to ISO7 environment preceding entry into ISO5 environment
OOS.MC.24.005 / D24009	1 cfu on right forearm	Machine assembling in ISO5	Proximity of the forearm to operator gown subjected to ISO7 environment preceding entry into ISO5 environment
OOS.MC.24.012 / D24019	1 cfu on left forearm	Supporting operator to hand over materials in ISO7 to operator performing machine assembling in ISO5	Unnoticed exposure of skin due to gown dislocation and Transferred contaminants from ISO 7 to ISO5 due to inadequate hand sanitization

Upon review of the four OOS investigations for product Bevacizumab (Avastin) (1.25mg/0.05mL), it is recognized the original investigation and root causes were inadequate and specific root causes were not determined which resulted in inappropriate corrective and preventive actions.

Root cause:

The specific root cause for the four OOS was determined to be that the filling machine personnel were not being sampled immediately upon exit of the ISO5 RABS and sampling was performed in an adjacent washing and equipment preparation ISO-7 room.

Corrective and preventive action:

1. As corrective and preventive action filling machine personnel are now sampled immediately adjacent to ISO5 RABS. (Click here to review section 5.4 of SOP.DMF.0031).
2. Tailstorm has retained Jeff Yuen and associates and Ron Stephens to expedite personnel training for investigations to determine specific root causes and implement appropriate corrective and preventive actions.

OOS.MC.24.008: Root cause analysis

The root cause for the 1 cfu found on the operator's gloved hand sampled after completion of the bulk transfer process in the biosafety cabinet stated in the original OOS.DMC.24.008 investigation report was "Material transfer from ISO7 to ISO5 by applying 70% IPA which is less effective".

Upon review of OOS.DMC.24.008, Bevacizumab (Avastin) (1.25mg/0.05mL) Lot # D24012 it is recognized the original investigation and root cause was incomplete as it did not evaluate not sampling personnel immediately after exit from the ISO5 biosafety cabinet.

1 cfu was recovered from the left gloved hand of the operator performing bulk transfer in the ISO 5 biosafety cabinet. Our action limit requiring investigation is 1 CFU in the ISO 5 area. If any growth is detected within ISO 5 environment, a full investigation would be initiated, as occurred with this batch.

Root cause:

The specific root cause was the use of 70% IPA during material transfer from ISO7 to ISO5 instead of sporicidal agent and not sampling personnel immediately after exit from the ISO5 biosafety cabinet.

Corrective and preventive action:

1. As corrective and preventive action personnel performing activities in ISO5 biosafety cabinet are now sampled immediately adjacent to ISO5.
2. Use of sporicidal wipes during transfer of materials from ISO7 to ISO5. (Click here to review section 6.2_SOP.DMF.029)
3. Tailstorm has retained Jeff Yuen and associates and Ron Stephens to expedite personnel training for investigations determining appropriate root causes and implementing appropriate corrective and preventive actions.

Impact assessment:

The **1 CFU** detected on the operator's forearm during the routine (machine assembling) and non-routine (open door) intervention did not impact product quality or sterility as all other air and surface monitoring results of the ISO5 RABS show no other excursions (Click here to review environmental monitoring data for all manufactured lots Q1-2024, Q2-2024 & Q3-2024). The results indicate that the environment of the ISO5 RABS effectively maintained aseptic conditions throughout the filling process despite the event. Additionally, there was no direct exposure of the operator's forearm to any product contact surfaces and the operator's sampled fingertips were 0 cfu.

The **1 CFU** detected on the operator's gloved hand during the bulk transfer activity did not impact product quality or sterility as all other environmental monitoring results of the ISO5 biosafety cabinet show no other excursions. The results indicate that the environment of the ISO5 biosafety cabinet effectively maintained aseptic conditions throughout the bulk transfer process despite the event. Additionally, there was no direct exposure of the operator's gloved hand to any product contact surfaces and the bulk is transferred through a 0.22 µ filter into sterile IV bag in a closed system.

The supporting microbiology results indicate that the controlled environment of the ISO5 RABS effectively maintained sterility despite the event.

The critical worst-case air and surface monitoring sample sites includes:

a. Contact plates results of the RABS filling and stoppering stations. (Click here to review Q1-2024, Q2-2024 & Q3-2024 results)
b. Contact plates results of the RABS near the IV bag placement (product solution). (Click here to review Q1-2024, Q2-2024 & Q3-2024 results)
c. Swab sampling results of the filling needles. (Click here to review Q1-2024, Q2-2024 & Q3-2024 results)
d. Settle plate monitoring results near the filling and stoppering stations. (Click here to review Q1-2024, Q2-2024 & Q3-2024 results)
e. Settle plate monitoring results near the open PFS tub conveyor. (Click here to review Q1-2024, Q2-2024 & Q3-2024 results)
f. Active air sampling results near the filling and stoppering stations. (Click here to review Q1-2024, Q2-2024 & Q3-2024 results)
g. Continuous non-viable particle count data. (Click here to review)
h. Sterility test result of manufactured lots. (Click here to review)

Of the 16 sample plates tested in ISO5 environment for this batch this was the only plate that confirmed growth. Our action limit requiring investigation is 1 CFU in the ISO 5 area. If any growth is detected within ISO 5 environment, a full investigation would be initiated, as occurred with OOS batches. Continuous viable air monitoring takes place right at the filling and stoppering locations within the RABS and is sampled dynamically throughout the batch.

In addition to the continuous viable monitoring at the worst-case site, the critical areas are currently sampled in a manner that is consistent with US FDA 2004 guidance titled "Sterile Drug Products Produced by Aseptic Processing – Current Good Manufacturing Practice".

The continuous non- viable monitoring met ISO 5 air particulates criteria and all continuous viable air monitoring data confirmed no growth. This data demonstrated and confirmed that the ISO 5 space was free from viable contamination from all direct surface samples in addition to the air sampling. Additional cleaning and sanitization of the area was performed immediately after this occurrence using a sporicidal wipe prior to restarting the batch.

This process intervention has been challenged during six previous media fill process qualifications with no media failures. The batch was released based on a full and complete review of all environmental data and all other in process and direct surface sampling outlined above and final batch testing that met all requirements, including sterility testing. This process is consistent and compliant with the PDA Points to Consider for Aseptic Process Part 1, 2015, Page 24, specifically "*The significance of an action-level excursion in environmental monitoring and its impact on batch release is determined by a comprehensive investigation of all conditions that might impact the acceptability of the process and the batch (es) produced by the process*". In this case, the risk-based locations chosen showed no growth within the RABS and all other samples indicated no growth. We believe that our practices and decisions regarding our processes and batch release are aligned with best industry practices.

Attachments for observation 1C:

Attachment	:	Document Title
Attachment -1C-1	:	Retrospective review report of Observation 1C (Click here to review)
Attachment -1C-2	:	Environmental monitoring data for all lots (Click here to review Q1-2024, Q2-2024 & Q3-2024)
Attachment -1C-3	:	Non-viable monitoring data for all lots (Click here to review)
Attachment -1C-4	:	Sterility results for all lots (Click here to review)
Attachment -1C-5	:	Section 5.4 of SOP.DMF.0031 Procedure for Assembly, Operation and Cleaning of PFS Filling machine (Click here to review)
Attachment -1C-6	:	Section 6.2_SOP.DMF.029 Procedure for transfer of Bulk product solution into sterile IV Bag (Click here to review)

Observation#2:

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile did not include adequate validation of the aseptic process.

Specifically,

A. ***Your Firm failed to adequately simulate your aseptic filling process of your drug product Bevacizumab (Avastin) in the media fill you conducted. The media fill your firm conducted to validate the aseptic filling process of drug product Bevacizumab included an additional filtration step that occurred inside of the filling machine (Equipment ID: PE001). However, the current process used to perform aseptic filling of Bevacizumab (Avastin) vials does not include a filtration step inside the filling machine (Equipment ID: PE001).***

Tailstorm Response:

Tailstorm acknowledges the observation and outlines below its plans for corrective action. We further commit to updating the agency as activities and corrective actions are implemented. Tailstorm understands the importance of thorough investigation and we are committed to ensure that a robust investigation is performed for each observation thereby ensuring the safety and quality of our products for our patients.

Observation Summary:

The media fill (APS) for Avastin, scheduled for June 2024, was not performed at the 6-month timeframe (last media fill executed on dated 08 Dec 2023, (click here to review media fill report) according to SOP.DQA.045, "Media fill (Media Fill)" (click here to review SOP.DQA.045).

The Avastin process includes a sterile filtration into a disposable sterile bag in an ISO 5 biosafety enclosure. After the sterile filtration process, the sterile bag is sanitized and transferred to the filling line enclosed in an ISO 5 RABS. During the filling process, there is no inline filter after the sterile product bag.

A media fill representing the other products with 0.22µm inline filter after the sterile product bag, was executed within the 6 months timeframe (click here to review media fill report executed on 06 May 2024) from the previous Avastin media fill.

Deviation DV/DEV/24/009 was initiated for not performing the Media fill for Avastin at the 6-month time frame.

Root cause for not performing media fill at the 6-month time frame:

Following the launch of a new product, a strategic decision was made to standardize the production processes between a new product and Avastin (introduction of 0.22µm inline filtration in filling). The Avastin filter sourced was found to be not acceptable for the Avastin process. This led to the incorrect assumption that the aseptic process simulation for the new product could support the

Avastin process. This resulted in not performing the media fill for Avastin at the 6-month time frame as required per SOP.DQA.045, "Aseptic Process Simulation (Media Fill)".

To evaluate the impact on Lots filled after June 2024, this deviation included a comparison of aseptic process activities of Avastin (without 0.22µm inline filter) and other products (with 0.22µm inline filter).

The following investigations have been conducted to assess the impact of the deviation:

Investigation plan:

1. Comparison of aseptic process activities for Avastin (without 0.22µm inline filter) and Other Products (with 0.22µm inline filter): click here to review DV/DEV/24/009 (Page 3,4,5 of 18)
   Comparable except for Inline filtration for other products and fill volume (other product fill volume is higher than Avastin media fill).
   All routine and non-routine interventions for the Avastin process were simulated in media fill (executed in May 2024) conducted for other products.
2. Review of any change in repackaging process of Avastin: click here to review DV/DEV/24/009 (Page 6 of 18)
   No changes observed in process after media fill execution dated 08 Dec 2023.
3. Review of any change in design of equipment used for bulk transfer and filling of Avastin: click here to review DV/DEV/24/009 (Page 6 of 18)
   No changes observed after media fill execution dated 08 Dec 2023.
4. Review of any change in area design: click here to review DV/DEV/24/009 (Page 6 of 18)
   No changes observed after media fill execution dated 08 Dec 2023.
5. Review of qualification of personnel involved in bulk transfer, assembling and operation of filling machine: click here to review DV/DEV/24/009 (Page 7,8,9,10 of 18)
   All the personnel involved in the repackaging activity of Avastin are qualified in gowning and media fill (conducted in May 2024).
6. Review of any change in raw material and primary packing material: click here to review DV/DEV/24/009 (Page 11 of 18)
   No changes observed after media fill execution dated 08 Dec 2023.
7. Review of any change in sterilization load or pattern or parameters: click here to review DV/DEV/24/009 (Page 11 of 18)
   No changes observed after media fill execution dated 08 Dec 2023.
8. Review of finished product results of Avastin: click here to review DV/DEV/24/009 (Page 12 of 18)
   Finished product results meet specifications.
9. Review of environmental monitoring results of filling zone (ISO5): click here to review DV/DEV/24/009 (Page 13 of 18)
   All environmental monitoring results meet specifications.

10. Review of personnel monitoring results for those involved in assembly and filling of Avastin: click here to review DV/DEV/24/009 (Page 14,15 of 18)
    All personnel monitoring results meet specifications.
11. Review of environmental monitoring results for isolator (vial extraction) room (ISO7) and filling room (ISO7): click here to review DV/DEV/24/009 (Page 16 of 18)
    All area monitoring results meet specifications.

Impact assessment:

Based on the thorough investigation and review of all applicable data regarding the deviation for not performing the aseptic process simulation for Avastin. The following conclusions can be drawn:

1. **Comparison of Aseptic Processes:** The aseptic processes for Avastin and other products were found to exhibit significant comparability, particularly with respect to initial sterile filtration into sterile product bag used for filling, fill volume, routine and non-routine interventions. The evaluation confirmed that while there were differences, the core aseptic techniques and controls remained effective and were not compromised. No changes were made to the repackaging process, equipment, or primary packing materials for Avastin since the last media fill, ensuring that the existing aseptic conditions are maintained.

2. **Qualified Personnel:** All personnel involved in bulk transfer, assembling, and filling processes have undergone the necessary training and qualifications, affirming their competence in maintaining aseptic practices. The review of personnel monitoring results shows that these individuals adhered to procedure effectively, with no evidence of contamination.

3. **Environmental Monitoring**: Results from environmental monitoring for lots manufactured post-June 2024 consistently demonstrated compliance with established limits, reinforcing the effectiveness of the controlled manufacturing environment. The monitoring of both the filling zone and personnel indicated that no microbial contamination occurred during the production processes, thus supporting the integrity of the aseptic conditions.

4. **Finished Product Testing**: All batches manufactured post-June 2024 underwent routine quality testing, with sterility and endotoxin results compliant with specifications. This compliance indicates that product quality was not affected by this deviation.

5. **Review of Market complaints**: Market complaints were reviewed for infection, redness, endophthalmitis or any other problems during administration which would indicate sterility assurance issue. There have been no market complaints.

Conclusion:

The side-by-side comparison of aseptic process activities for Avastin (without 0.22µm inline filter) and other products (with 0.22µm inline filter) in deviation (click here to review comparison of aseptic process) demonstrated that the processes are comparable with the exception of inline filtration during media fills simulated for other products and fill volume (Avastin media fill volume – 0.05 mL and other products fill volume – 0.33 mL).

All routine and non-routine interventions for the Avastin process were simulated in the media fill (executed in May 2024) conducted for other products.

The media fill process conducted in May 2024 for other products supports the aseptic process and all interventions for Avastin lots manufactured since June 2024.

Although not repeating a media fill for the Avastin process at 6-month requirement, the established quality controls and consistent monitoring provide assurance that there has been no compromise to product quality

In summary, the investigation findings and ongoing quality assurance measures lead to the conclusion that there has been no adverse impact on the quality of Avastin batches manufactured after June 2024. The product continues to be safe for patient use, maintaining its integrity despite the deviation.

Additionally, a media fill for Avastin process has been conducted on 14 Oct 2024 and shows no growth and supports the aseptic process for Avastin lots manufactured since June 2024. (Click here to review preliminary report)

Corrective and Preventive actions:

1. A media fill for Avastin process has been conducted on 14 Oct 2024. (Click here to review preliminary report)
2. To provide rationale for introduction of new products SOP.DQA.0002 has been revised to incorporate a media fill matrix to compare process, components, fill volume etc. to determine the process equivalency. This assessment will determine whether a new media fill is required or whether the new product process is comparable to previously conducted media fills. (Click here to review media fill matrix).
3. A media fill tracker (reference SOP.DQA.0002) has been implemented for ensuring execution of media fills for each type of process every 6 months (Click here to review media fill tracker).

Attachments for observation 2A:

Attachment	:	Document Title
Attachment -2A-1	:	SOP.DQA.045, "Aseptic Process Simulation (Media Fill)" (Click here to review)
Attachment -2A-2	:	Media fill report for Avastin (Dec 2023) (Click here to review)
Attachment -2A-3	:	Media fill report for other products (May 2024) (Click here to review)
Attachment -2A-4	:	Deviation DV/DEV/24/009 (Click here to review)

Attachment	:	Document Title
Attachment -2A-5	:	Media fill protocol for Avastin (14 Oct 2024) (Click here to review)
Attachment -2A-6	:	Preliminary media fill report for Avastin (14 Oct 2024) (Click here to review)
Attachment -2A-7	:	Aseptic process simulation schedule (Media fill execution tracker) (Click here to review)
Attachment -2A-8	:	Media fill matrix (Process comparison checklist for introducing new products) (Click here to review)

Summary of Deliverables:

Sr. No.	Deliverables	Time Frame
1.	Final media fill report for Avastin (14 Oct 2024)	Within 30 days after initial response

Observation#2:

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile did not include adequate validation of the aseptic process.

Specifically,

B. Sterilized filling components are routinely moved from ISO-7 filling room (room # PR003) and introduced into the ISO-5 RABS (Equipment ID: PE001) without being disinfected. On 09/27/2024, during the assembly of the filling machine for Semaglutide (8mg/mL) Lot # D24044, your Aseptic Operators were observed placing wrapped autoclaved filling components into ISO-5 classified RABS. Your Head of Quality stated that employees are not required nor trained to disinfect filling components before introducing them into the ISO-5 classified RABS.

Tailstorm Response:

Tailstorm acknowledges the observation. We take this observation very seriously and are committed to ensuring the highest standards of aseptic processing in our facility. We have conducted an immediate and thorough investigation to address this concern.
We understand the critical importance of maintaining sterility within ISO-5 environments and are committed to ensuring that all operations are conducted in full compliance with cGMP regulations. Our goal is to continually improve our processes and uphold the highest standards of quality in our manufacturing operations.

Observation Summary:

During the inspection the investigator observed the introduction of sterile filling machine components into the ISO5 RABS from a mobile ISO 5 laminar airflow protected mobile cart staged approximately 3 feet (refer to the picture below) adjacent to the filling machine located in ISO 7 room.

The aseptic filling machine components are double wrapped in Tyvek pouches prior to autoclaving. After autoclaving, the double wrapped sterile filling machine components are transferred onto an ISO 5 laminar airflow protected mobile cart in an ISO 7 room. The mobile cart is then transferred into filling room PR003 and staged approximately 3 feet adjacent to the filling machine. During assembly, the outer layer of Tyvek pouches on the sterilized parts is removed in the ISO 5 laminar airflow protected mobile cart and transferred directly to ISO5 RABS. Once inside the ISO5 RABS the inner layer of Tyvek pouches on the sterilized parts is removed in the ISO 5 RABS.

During this transfer process the inner layer of Tyvek pouches was exposed to ISO7 air for a short duration to move the parts approximately 3 feet to the ISO5 RABS. During this transfer process, there was no step to sanitize the filling machine components covered with one layer of Tyvek pouch immediately prior to placing them into the ISO5 RABS.

Review of material transfer from ISO7 to ISO5: The investigator pointed out a gap in our process during filling machine set up. We understand the importance of sanitizing materials which are being transferred from ISO7 area to ISO5 area. Quality conducted a review of all the material transfer processes from ISO7 to ISO5 to identify any other gaps in sanitization procedures. This includes review of the applicable SOPs for material transfer into an ISO5 environment.

Component	Pre-sterilized Component (Yes/No)	Ingress Method	Disinfection Method	SOP Section	Ref. SOP No.
Ingress in Biosafety Cabinet – For Avastin Only					
Empty IV Bag	Yes	Before ingress in Biosafety Cabinet	Sporicidal Wipes	Click here to review Sec 6.2	SOP.DMF.029

Component	Pre-sterilized Component (Yes/No)	Ingress Method	Disinfection Method	SOP Section	Ref. SOP No.
Luer Lock end cap adaptor	Yes	Before ingress in Biosafety Cabinet	Sporicidal Wipes	Click here to review Sec 6.2	SOP.DMF.029
Tyvek pouch	Yes	Before ingress in Biosafety Cabinet	Sporicidal Wipes	Click here to review Sec 6.2	SOP.DMF.029
20 mL syringe	Yes	Before ingress in Biosafety Cabinet	Sporicidal Wipes	Click here to review Sec 6.2	SOP.DMF.029
16-22 gauge needle	Yes	Before ingress in Biosafety Cabinet	Sporicidal Wipes	Click here to review Sec 6.2	SOP.DMF.029
0.22 micron filter	Yes	Before ingress in Biosafety Cabinet	Sporicidal Wipes	Click here to review Sec 6.2	SOP.DMF.029
Bevacizumab vial exterior surface	No	Before ingress in Biosafety Cabinet	Sporicidal Wipes	Click here to review Sec 6.2	SOP.DMF.029
Bevacizumab vial exterior surface	No	Before content draw up	Alcohol prep pad	Click here to review Sec 6.2	SOP.DMF.029
Ingress in ISO 5 RABS – For All Products					
Filled IV Bag in sterile double layered pouch	Yes	Before ingress in ISO 7 cleanroom	70% IPA	Click here to review Sec 5.7	SOP.DMF.011
Filled IV Bag in sterile single layered pouch	Yes	Before ingress in ISO 5 RABS	70% IPA	Click here to review Sec 5.9	SOP.DMF.011
Empty PFS Tubs with two layers pouch	Yes	Before ingress in ISO 8 cleanroom	70% IPA	Click here to review Sec 5.2	SOP.DMF.011
Empty PFS Tubs with sterile single layer pouch	Yes	Before ingress in ISO 5 RABS	Sporicidal Wipes	Click here to review Sec 5.2	SOP.DMF.011
Stopper Bags with two layers pouch	Yes	Before ingress in ISO 7 cleanroom	Sporicidal Wipes	Click here to review Sec 5.3	SOP.DMF.011
Stopper Bags with sterile single layer pouch	Yes	Before ingress in ISO 5 RABS	70% IPA	Click here to review Sec 5.3	SOP.DMF.011
Settle Plate Bin with RTU Media Plates (pouch)	Yes	Before ingress in ISO 7 cleanroom	Sporicidal Wipes	Click here to review Sec 5.4	SOP.DMF.011

Component	Pre-sterilized Component (Yes/No)	Ingress Method	Disinfection Method	SOP Section	Ref. SOP No.
RTU Media Plates (pouch)	Yes	Before ingress in ISO 5 RABS	70% IPA	Click here to review Sec 5.11	SOP.DMF.011
Portable NVPC Counter (if used)	No	Before ingress in ISO 7 cleanroom	Sporicidal Wipes	Click here to review Sec 5.14	SOP.DMF.011
Portable NVPC Counter (if used)	No	Before ingress in ISO 5 RABS	70% IPA	Click here to review Sec 5.14	SOP.DMF.011

Summary of Findings:
The review of material transfer procedures from ISO7 to ISO5 confirms that current sanitization procedures are comprehensive and effective. All components are properly disinfected before transfer into the ISO5 environment. No gaps were identified in the sanitization processes, ensuring protection against contamination. Overall, the procedures in place effectively maintain the integrity of the ISO5 environment.

Root Cause:
The root cause for not sanitizing the filling machine components covered with one layer of Tyvek pouch immediately prior to placing them into the ISO5 RABS was based on the assumption that the Tyvek pouch layer on the wrapped filling machine components were exposed in ISO7 environment for a short duration to move the parts approximately 3 feet from ISO5 mobile cart to the ISO5 RABS. The inner layer of Tyvek pouch is removed under ISO5 RABS to avoid exposure of sterilize filling machine components to ISO7 environment.

Impact assessment:
Based on the air and surface monitoring results of equipment in the ISO5 RABS showing no excursions (Click here to review trend data Q1-2024, Q2-2024 & Q3-2024), the lack of a sanitization step before transferring sterilized, filling machine parts from the ISO5 mobile LAF to the ISO 5 RABS did not impact product quality. The results indicate that the controlled environment of the ISO5 RABS effectively maintained sterility despite the absence of a sanitization step prior to transferring the components.
This air and surface monitoring includes:

a. Contact plates results of RABS filling and stoppering station
b. Contact plates results of RABS near IV bag placement (product solution)
c. Swab sampling results of filling needles
d. Settle plate monitoring results near filling and stoppering station
e. Settle plate monitoring results near open PFS tub conveyor

f. Active air sampling results near filling and stoppering station

A review of sterility results of previously manufactured lots reveals no indications of contamination linked to the filling machine components transferred under the current procedure.

Corrective and Preventive actions:

1. We have revised the Standard Operating Procedure (SOP), SOP.DMF.0031 "Procedure for assembly, operation and cleaning of PFS filling machine" to explicitly require that all wrapped autoclaved filling components undergo a sanitization process before being introduced into the ISO-5 RABS (Click here to review section 5.4.2 of SOP.DMF.0031).
2. Change control (Reference no. DV.CC.2024.058) has been initiated to revise SOP.DMF.0031 "Procedure for assembly, operation and cleaning of PFS filling machine" to include a defined position of the Mobile LAF and sanitization table adjacent to filling RABS. The process will be to first sanitize the table using sporicidal, then remove Tyvek wrapped equipment from the mobile LAF and immediately sanitize using the sanitization table and transfer to ISO5 for machine setup. Refer picture below:

Attachments for observation 2B:

Attachment	:	Document Title
Attachment -2B-1	:	SOP.DMF.029 "Procedure for transfer of bulk product solution into sterile into sterile IV bag" (Click here to review)
Attachment -2B-2	:	SOP.DMF.011 "Ingress and transfer of material into cleanroom" (Click here to review)
Attachment -2B-3	:	Revised SOP.DMF.0031 "Procedure for assembly, operation and cleaning of PFS filling machine" (Click here to review)
Attachment -2B-4	:	Change control for revision of SOP.DMF.0031 "Procedure for assembly, operation and cleaning of PFS filling machine" (Click here to review)

Summary of Deliverables:

Sr. No.	Deliverables	Time Frame
1.	Revised SOP.DMF.0031 "Procedure for assembly, operation and cleaning of PFS filling machine" as per change control no. DV.CC.2024.058	Within 30 days after initial response

Observation#3:

Aseptic processing areas are deficient regarding systems for maintaining any equipment used to control the aseptic conditions.

Specifically,

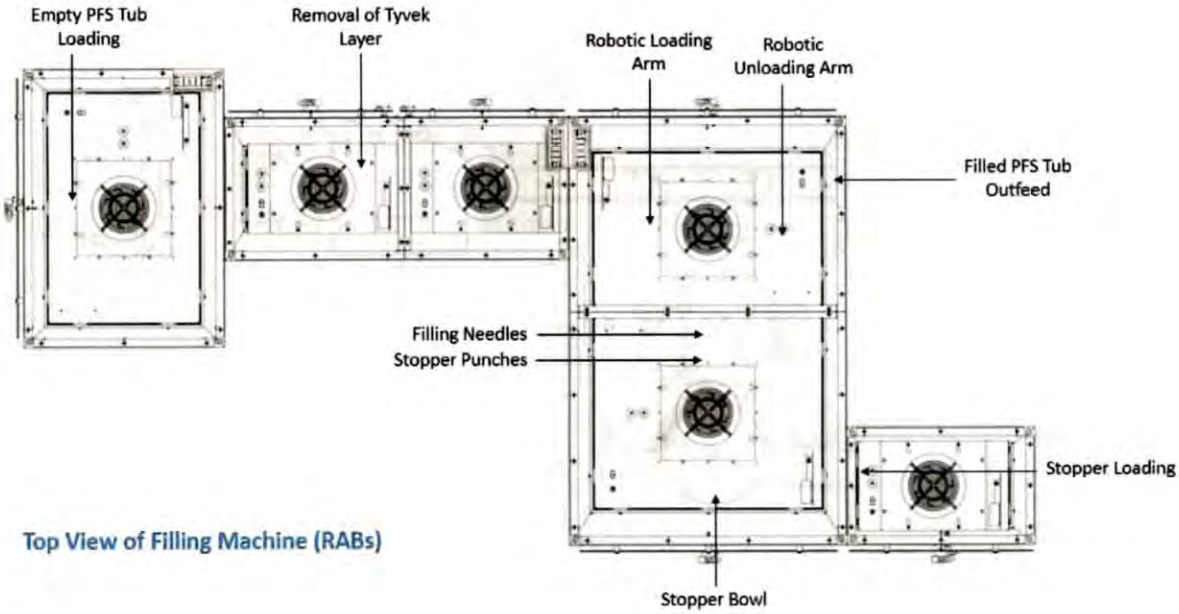
A. ***Your smoke studies are inadequate. The smoke studies your firm conducted to simulate aseptic processes did not demonstrate the impact of the airflow during line interventions, equipment manipulations, and machine assembly. The videos did not show the airflow reaching all work surfaces and exiting your RABS filling equipment.***

Tailstorm Response:

Tailstorm acknowledges the observation and the need to improve and repeat our smoke studies to address the investigator's concerns. We further commit to updating the agency as activities and corrective actions are implemented.

To ensure Tailstorm is in a state of control and address the investigator's concern, we have retained third-party cleanroom design expert consultants (Eagle, Stantec and Accutec) to repeat all smoke studies to demonstrate the impact of the laminar air flow and air exit from RABS ISO5 environment into the ISO7 surrounding room during static and dynamic conditions:

1. Introducing sterilized components/machine part accessories into ISO5 RABS.
2. Routine interventions such as complete machine assembling
3. Non routine interventions such as equipment manipulations
4. Filling operation activities



Top View of Filling Machine (RABs)

Root Cause:

The cause of the observation was that the parameters of quantity of smoke, camera angles and contrast were not optimized for current studies which resulted in insufficient visual verification of the impact of airflow during line interventions, equipment manipulations, machine assembly and air exit from RABS ISO5 environment into the ISO7 surrounding room.

Impact assessment:

Based on the thorough review of all applicable data regarding the impact of improper demonstration of air flow during smoke studies, following conclusions can be drawn:

1. As per the manufacturer, the laminar air flow in RABS has been designed, manufactured and configured according to the FDA 21 CFR part 210, FDA 21 CFR part 211 and FDA 21 CFR part 11 regulation. The laminar air flow has been projected to generate forced ventilation in order to create a work area without particles. (Click here to review functional specification of laminar air flow). There has been no change in design in the RABS and surrounding area since installation.
2. Six media fills (aseptic process simulation) have been executed since the RABS was installed with no evidence of microbial growth. This indicates that the air flow is laminar to maintain an aseptic environment. (Click here to review media fill report of Dec-2023 and May-2024)
3. The RABS laminar air flow unit qualification has been performed every six months since installation. All air velocity parameters were consistently found within the specified limits. This demonstrates that the laminar air flow units continue to perform as intended ensuring maintenance of an aseptic environment. (Click here to review clean room certification May-24, Oct-23 & Apr-23)

4. The trend analysis data results of non-viable particle count show no indications of air turbulence and maintains ISO5 non-viable particle count specifications. This suggests that the laminar air flow units are functioning as intended. (Click here to review trend analysis results of non-viable particle count)
5. The trend analysis of environmental monitoring (viable particle count) shows no indications of air turbulence and maintains ISO5 viable particle count specifications. This suggests that the laminar air flow units are functioning as intended. (Click here to review trend data Q1-2024, Q2-2024 & Q3-2024)

Conclusion:

The impact assessment indicates no negative impact on the manufactured lots as the ISO5 aseptic environment was maintained. The lack of complete visual verification of the impact of airflow was due to the parameters such as density of smoke, camera angles and contrast were not optimized for the current studies. To ensure compliance, new smoke studies will be conducted to demonstrate airflow dynamics ensuring that airflow patterns are clearly visible at all locations (entry, work surface and exit) by selecting proper camera angles, density of smoke, location for introducing smoke media, appropriate lighting and use of contrast backgrounds.

Corrective and Preventive actions:

A new protocol will provide a systematic approach for performing airflow studies of the RABS which will demonstrate air flow dynamics as per the design and performance of the laminar air flow of the RABS.

This study will ensure airflow is clearly visible at all locations (entry, work surface and exit) by selecting proper camera angles, location for introducing smoke media, appropriate lighting and use of contrast backgrounds to provide better visibility of smoke.

New Smoke studies will be conducted to demonstrate:

1. Unidirectional airflow shall be maintained reaching all work surfaces in the RABS and exit from RABS ISO5 environment into the ISO7 surrounding room in static and dynamic conditions.
2. Airflow disruption due to manipulating materials or machine parts. Air disruption shall recover to regain unidirectional flow.
3. To verify any turbulence, eddies, reflux or bounce back of air inside RABS.

Attachments for observation 3A:

Attachment	:	Document Title
Attachment -3A-1	:	Functional specification of laminar air flow (Click here to review)
Attachment -3A-2	:	Media fill report Dec 2023 (Click here to review)
Attachment -3A-3		Media fill report May 2024 (Click here to review)

Attachment	:	Document Title
Attachment -3A-4		Clean room certification reports (RABS laminar air flow) – May 2024 (Click here to review)
Attachment -3A-5	:	Clean room certification reports (RABS laminar air flow) – Oct 2023 (Click here to review)
Attachment -3A-6		Clean room certification reports (RABS laminar air flow) – Apr 2023 (Click here to review)
Attachment -3A-7	:	Non-viable particulate count trend analysis (Click here to review)
Attachment -3A-8	:	Environmental monitoring trend analysis Q1 2024 (Click here to review)
Attachment -3A-9		Environmental monitoring trend analysis Q2 2024 (Click here to review)
Attachment -3A-10		Environmental monitoring trend analysis Q3 2024 (Click here to review)
Attachment -3A-11	:	PO/Invoice of smoke study (Click here to review)

Summary of Deliverables:

	Deliverables	Time Frame
1.	Smoke study demonstration videos	Update within 30 days after initial response

Observation#3:

Aseptic processing areas are deficient regarding systems for maintaining any equipment used to control the aseptic conditions.

Specifically,

B. Your firm does not adequately capture the environmental conditions in which aseptic processes are conducted. Your procedure SOP.DQC.007, Environmental Monitoring, Effective date: 11 Mar 2024, Revision: 03 instructs personnel performing filling machine assembly to be sampled after set-up. Your firm failed to immediately sample personnel conducting filling machine setup for about 34 lots that have been released from your facility. For example:

- ***i. On 19 Mar 2024, your technician completed setup of the filling machine (Equipment ID: PE001) for aseptic filling of drug product Bevacizumab (Avastin) Lot# D24008 at 07:07 am, however environmental monitoring of the employee who performed setup was performed at 07:50 am on 19 Mar 2024.***
- ***ii. On 26 Apr 2024, your technician completed setup of the filling machine (Equipment ID: PE001) for aseptic filling of drug product Bevacizumab (Avastin) Lot# D24012 at 08:01am, however environmental monitoring of the employee who performed setup was performed at 08:34 am on 26 Apr 2024.***
- ***iii. On 01 Jul 2024, your technician completed setup of the filling machine (Equipment ID: PE001) for aseptic filling of drug product Semaglutide Lot# D24019 at 08:51 am, however environmental monitoring of the employee who performed setup was performed at 09:35 am on 01 Jul 2024.***

Tailstorm Response:

Tailstorm acknowledges the observation regarding delays in the personnel monitoring sampling following completion of ISO5 activities. We recognize the need to enhance the timeliness of sampling for personnel involved in the setting up of the filling machine following completion of the activity. We have reviewed all lots and observed that sampling did not happen immediately.

Root cause:

The root cause for delays in sampling personnel after machine assembly is a lack of coordination between manufacturing and microbiology sampling technicians. Once the machine assembly was completed the microbiologist was not readily available to sample operators immediately. The delays were specifically due to microbiologist sampling technician having to be contacted and then gown to enter the filling room.

The root cause for not identifying the time gaps during batch record review by QA was found to be that the time of machine assembly was recorded in the batch manufacturing record and time of personnel monitoring was recorded in the separate SOP form included as an attachment to the batch record.

1. The batch manufacturing record has been updated to include:
    a. Verification that the microbiologist is present inside filling room prior to start and at the completion of the filling machine assembly to sample operators immediately after exit from the ISO5 RABS environment.
    b. Machine set up completion time and personnel monitoring time will be documented on the same page of batch manufacturing record to ensure and track that sampling occurs immediately. This will consolidate the sampling documentation to enable QA to verify times during batch record review.

Impact assessment:

Personnel monitoring for the ISO5 environment is important for detecting contamination from personnel. Despite the inconsistent time gaps in personnel monitoring after completing the filling machine setup, the personnel remained in ISO 7 air conditions throughout the delay in personnel monitoring, representing a worst-case scenario. There was no impact on product quality or sterility as all other air and surface monitoring results of the ISO5 RABS show no other excursions (Click here to review environmental monitoring data for all manufactured lots Q1-2024, Q2-2024 & Q3-2024). The historical results indicate that the environment of the ISO5 RABS effectively maintained aseptic conditions throughout the filling processes.
All historical critical filling machine surface and air sample sites were 0 cfu :

a. Contact plates results of the RABS filling and stoppering stations. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
b. Contact plates results of the RABS near the IV bag placement (product solution). (Click here to review Q1-2024, Q2-2024 & Q3-2024)
c. Swab sampling results of the filling needles. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
d. Settle plate monitoring results near the filling and stoppering stations. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
e. Settle plate monitoring results near the open PFS tub conveyor. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
f. Active air sampling results near the filling and stoppering stations. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
g. Continuous non-viable particle count data. (Click here to review)
h. Sterility test result of manufactured lots. (Click here to review)

There are 16 sample plates tested for the ISO5 environment for each batch. If any growth is detected within ISO 5 environment, a full investigation would be initiated. Historically, these 16 sample plates for critical air and surface monitoring sites in ISO5 RABS have resulted in 0 cfu's recovered. This indicates despite that aseptic conditions were maintained in ISO5 RABS.

Continuous viable air monitoring takes place right at the filling and stoppering locations within the RABS and is sampled dynamically throughout the batch.
In addition to the continuous viable monitoring at the worst-case site, the critical areas are currently sampled in a manner that is consistent with US FDA 2004 guidance titled "Sterile Drug Products Produced by Aseptic Processing – Current Good Manufacturing Practice".

The continuous non- viable monitoring met ISO 5 air particulates criteria and all continuous viable air monitoring data confirmed no growth in all lots. This data demonstrated and confirmed that the ISO 5 space was free from viable contamination from all direct surface samples in addition to the air sampling. Additional cleaning and sanitization of the area is performed after each routine or non-routine intervention.

This routine (Filling machine assembling) intervention has been challenged during six previous media fill process qualifications with no media failures. The batches were released based on a full and complete review of all environmental data and all other in process and direct surface sampling outlined above and final batch testing that met all requirements, including sterility testing.

Corrective and Preventive actions:

1. The batch manufacturing record has been updated to include:
   a. Verification that the microbiologist is present inside filling room prior to start and at the completion of the filling machine assembly to sample operators immediately after exit from the ISO5 RABS environment (Click here to review BMR pages).
   b. Machine set up completion time and personnel monitoring time will be documented on the same page of batch manufacturing record to ensure and track that sampling occurs immediately. This will consolidate the sampling documentation to enable QA to verify times during batch record review (Click here to review BMR pages for recording of personal monitoring).

Attachments for observation 3B:

Attachment	:	Document Title
Attachment -3B-1	:	BMR pages for recording of personal monitoring after assembling, setup and aseptic connections (Click here to review)
Attachment -3B-2	:	Environmental monitoring data for all lots (Click here to review Q1-2024, Q2-2024 & Q3-2024)
Attachment -3B-3	:	Non-viable monitoring data for all lots (Click here to review)
Attachment -3B-4	:	Sterility results of all lots (Click here to review)

Observation#3:

Aseptic processing areas are deficient regarding systems for maintaining any equipment used to control the aseptic conditions.

Specifically,

C. ***On 27 Sep 2024, during aseptic filling of Semaglutide (8mg/mL) Lot# D24044, your employee was seen rubbing excess sterile 70% IPA on gloved hands prior to being sampled.***

Tailstorm Response:

Tailstorm Health acknowledges the observation. Tailstorm understands the importance of thorough investigation and we are committed to ensure that a robust investigation is performed for observation thereby ensuring the safety and quality of our products for our patients.

Observation Summary:

During the inspection the investigator observed the filling machine set up operator wiping his sterile glove sleeves with his gloved fingers of his other hand upon completion of filling machine set up.

The inspector believed he had sanitized his sleeves with 70% IPA prior to getting sampled for personal monitoring. During the inspection interviews was conducted by FDA investigator with the operator and the microbiologist who performed the sampling.

The operator stated that he did not apply additional 70% IPA on his hands however he noticed some residual IPA on his sterile glove sleeve, and he was wiping it dry. The operator stated that he has been trained to make sure his sterile glove sleeve is dried prior to personal sampling. The operator attempted to dry his glove sleeve prior to personal monitoring, and he is trained not to sanitize gloved hand prior to personal monitoring (Click here to review section 6.4.8.22 of SOP.DMF.004 which states "operators working in the aseptic area must not sanitize their gloved hand immediately just before the exit and subsequently before personal monitoring").

The microbiologist stated that she did not see operator applying additional IPA and believed he was adjusting his sterile sleeve of gloves. The sleeves may need adjusting after the arm is removed from the gloves of RABS glove port.

The last step of the ISO5 filling machine set up was to enter hands and forearms inside the RABS ISO5 by opening the RABS door to remove the Tyvek wrap from the stopper bowl. It is proceduralized that when a person enters the RABS ISO5 they must sanitize their hands with 70 % IPA first. This is the last step of the machine set up prior to performing personal sampling. This would account for the operator stating he as residual IPA on his sleeve.

The sequence of the machine set up has been revised (Click here to review section 5.4 of SOP.DMF.0031). The new process of set up is:

To remove the Tyvek wrap from the stopper bowl where operator has to enter inside RABS ISO5 after sanitizing hand and forearm with 70% IPA.

Then remove the sterile covering from the RABS glove through glove port with the RABS doors closed. This will allow sufficient time for the 70% IPA on the operator to dry.

Root cause:

During the FDA inspection, the FDA investigator interviewed the operator and microbiologist to find out the root cause of the event. The root cause was found that the operator was sampled for personal monitoring after the process step, this required hands and forearm sanitization which resulted in residual 70% IPA on his glove sleeve. The operator attempted to dry his glove sleeve prior to personal monitoring, and he is trained not to sanitize gloved hand prior to personal monitoring (Click here to review section 6.4.8.22 of SOP.DMF.004 which states "operators working in the aseptic area must not sanitize their gloved hand immediately just before the exit and subsequently before personal monitoring").

Impact assessment:

Based on the air and surface monitoring results of equipment in the ISO5 RABS showing no excursions (Click here to review environmental monitoring data for Lot # D24044) there is no impact. The results indicate that the controlled environment of the ISO5 RABS effectively maintained sterility despite the event.
This air and surface monitoring includes:

a. Contact plates results of RABS filling and stoppering station

b. Contact plates results of RABS near IV bag placement (product solution)

c. Swab sampling results of filling needles

d. Settle plate monitoring results near filling and stoppering station

e. Settle plate monitoring results near open PFS tub conveyor

f. Active air sampling results near filling and stoppering station

A review of sterility result of manufactured lot #D24044 reveals no indications of contamination within ISO5 RABS. (Click here to review COA of lot#D24044)

Corrective and Preventive actions:

The sequence of the machine set up was revised (Click here to review section 5.4 of SOP.DMF.0031) during the FDA inspection. This process change will prevent sampling immediately after completing the task which requires sanitizing hand and forearm with 70% IPA. The new process of set up is:

To remove the Tyvek wrap from the stopper bowl where operator has to enter inside RABS ISO5 after sanitizing hand and forearm with 70% IPA.

Then remove the sterile covering from the RABS glove through glove port with the RABS doors closed. This will allow sufficient time for the 70% IPA to dry.

Attachments for observation 3C:

Attachment	:	Document Title
Attachment -3C-1	:	SOP.DMF.0031 "Procedure for Assembly, Operation and Cleaning of PFS Filling machine" (Click here to review)
Attachment -3C-2	:	Environmental monitoring results of Lot # D24044 (Click here to review)
Attachment -3C-3	:	Sterility test results of Lot # D24044 (Click here to review)

Observation#3:

Aseptic processing areas are deficient regarding systems for maintaining any equipment used to control the aseptic conditions.

Specifically,

D. Your firm performs aseptic filling of drug products using RABS. On 24 Sep 2024, aseptic personnel's head to mid trunk of body exposed to ISO-5 classified RABS during machine assembly for Bevacizumab (Avastin) Lot# D24042. Your Head of Quality was unable to provide scientific justification to why personnel monitoring of aseptic personnel forehead and chest are not sampled.

Tailstorm Response:

Tailstorm acknowledges the observation and has outlined responses below. Tailstorm understand the importance to maintain an aseptic environment and to sample all critical sites within the environment. This includes the head and chest sampling immediately following the machine assembling.

Prior to the inspection, change control (Reference no. DV.CC.2024.029) was initiated to evaluate and establish additional personnel monitoring sample sites other than forearms and fingertips. The change control would implement additional sampling of head, chest and shoulder in addition to forearms and fingertips. However, the head, chest and shoulder sampling requirements were not evaluated.

Change control (Reference no. DV.CC.2024.044) was evaluated and implemented during inspection for all personnel exiting the cleanroom where aseptic practices take place. (Click here to review change control DV.CC.2024.044 & SOP.DQC.0006_Personnnel Monitoring) The additional sample sites head, chest and shoulder were implemented for all personnel exiting the cleanroom meets specification (Click here to review personal monitoring results of Lot#D24055 & Lot#D24056).

	Personnel Monitoring Locations
	Forehead
	Right Shoulder
	Left Chest
	Left Forearm
	Right Forearm
	Left Glove
	Right Glove

We have performed risk-based evaluation of the machine assembling process to evaluate practices for improvements which would not require entry into the ISO5 RABS environment based on the investigator's observation. Interviews were conducted with the operators to determine which steps of machine assembling can be performed without exposing their head and trunk to the ISO5 environment. Following the interviews, we performed a mock set up of machine assembling process and photographed each stage of the machine assembling process. This allowed us to improve machine assembling steps by eliminating all steps where the operator's head and torso was entering to the ISO5 RABS environment.

Photographs of machine parts assembling and evaluation of personal monitoring sample location requirement during machine assembling in ISO5 RABS:

Step Number/Description	**Visual Image of Actual Operation**
1/ Incorporation of the Transfer plate N 100. **Aseptic maneuver assessment:** Requires a closed-door through open ring glove access and involves gloved forearm entry into ISO 5 cabinet.	 From the visual image, **no intrusion** of forehead and chest is involved.

Step Number/Description	Visual Image of Actual Operation
2/ Fixing the Caps Terminal N100. **Aseptic maneuver assessment:** Requires a closed-door through open ring glove access and involves gloved forearm entry into ISO 5 cabinet.	 From the visual image, **no intrusion** of forehead and chest is involved.
3/ Connection of the N100 punches plate **Aseptic maneuver assessment:** Requires a closed-door through open ring glove access and involves gloved forearm entry into ISO 5 cabinet.	 From the visual image, **no intrusion** of forehead and chest is involved.
4/ Integration of the N100 Funnels plate. **Aseptic maneuver assessment:** Requires a closed-door through open ring glove access and involves gloved forearm entry into ISO 5 cabinet.	 From the visual image, **no intrusion** of forehead and chest is involved.

Step Number/Description	Visual Image of Actual Operation
5/ Fixing of pusher rods **Aseptic maneuver assessment:** Requires a closed-door through open ring glove access and involves gloved forearm entry into ISO 5 cabinet.	 From the visual image, **no intrusion** of forehead and chest is involved.
6/ Installation of the plunger stopper bowl. **Aseptic maneuver assessment:** Considering the position proximity, the operator requires the open door and access only gloved hands extension into the ISO 5 cabinet.	 From the visual image, it appears the personnel access only gloved hands through open door without exposing the head and chest.
7/ Attachment of the Chute **Aseptic maneuver assessment:** Considering the position proximity, the operator requires the open door and access only gloved hands extension into the ISO 5 cabinet.	 From the visual image, it appears the personnel access only gloved hands through open door without exposing the head and chest.

Step Number/Description	Visual Image of Actual Operation
8/ Fixing of Filling pumps with pre-assembled tubing from outlet of IV bag to Filling pumps inlet and from pump outlet to Filling needles along with Integration of the Needle holder 2P N 100 **Aseptic maneuver assessment:** Considering the position proximity, the operator requires the open door and a closed-door through open ring glove access and involves gloved forearm entry into ISO 5 cabinet.	 From the visual image, only gloved hands are exposed to ISO-05 during Filling pump assembly and fixing needle holder through closed door through open ring glove access and no exposure of forehead and trunk to ISO-05.
9-12/ Installation of glove ports	 Glove ports are installed from outside the RABS.

Conclusion of the risk-based evaluation of the machine assembling process for identifying critical personnel monitoring sites:

Based on the evaluation of the filling machine assembling process, the practice of breaking first air with the head and chest during open RABS doors interventions has been remediated. Only the operator's gloved hands enter the ISO 5 RAB during the machine setup and interventions. We have added following sample sites which include right and left shoulder to our personnel monitoring program.

Personnel monitoring locations after machine assembly:

1. Right shoulder
2. Left shoulder
3. Left Forearm
4. Right Forearm
5. Left Glove
6. Right Glove

Impact assessment:

Personnel monitoring for the ISO5 environment, especially at critical points like head and chest, is important for detecting contamination from personnel. The lack of monitoring of these sites could lead to undetected microbial contamination posing a risk to product quality.

Despite not monitoring these sites there was no impact on product quality or sterility as all other air and surface monitoring results of the ISO5 RABS show no other excursions (Click here to review environmental monitoring data for Q1-2024, Q2-2024 & Q3-2024). The historical results indicate that the environment of the ISO5 RABS effectively maintained aseptic conditions throughout the filling processes.

All historical critical filling machine surface and air sample sites were 0 cfu:

a. Contact plates results of the RABS filling and stoppering stations. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
b. Contact plates results of the RABS near the IV bag placement (product solution). (Click here to review Q1-2024, Q2-2024 & Q3-2024)
c. Swab sampling results of the filling needles. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
d. Settle plate monitoring results near the filling and stoppering stations. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
e. Settle plate monitoring results near the open PFS tub conveyor. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
f. Active air sampling results near the filling and stoppering stations. (Click here to review Q1-2024, Q2-2024 & Q3-2024)
g. Continuous non-viable particle count data. (Click here to review)

h. Sterility test result of manufactured lots. (Click here to review)

There are 16 sample plates tested for the ISO5 environment for each batch. If any growth is detected within ISO 5 environment, a full investigation would be initiated. Historically, these 16 sample plates for critical air and surface monitoring sites in ISO5 RABS have resulted in 0 cfu's recovered. This indicates despite not sampling head and chest of operator aseptic conditions were maintained in ISO5 RABS.

Continuous viable air monitoring takes place right at the filling and stoppering locations within the RABS and is sampled dynamically throughout the batch.

In addition to the continuous viable monitoring at the worst-case site, the critical areas are currently sampled in a manner that is consistent with US FDA 2004 guidance titled "Sterile Drug Products Produced by Aseptic Processing – Current Good Manufacturing Practice".

The continuous non- viable monitoring met ISO 5 air particulates criteria and all continuous viable air monitoring data confirmed no growth in all lots. This data demonstrated and confirmed that the ISO 5 space was free from viable contamination from all direct surface samples in addition to the air sampling. Additional cleaning and sanitization of the area is performed after each routine or non-routine intervention.

Routine (Filling machine assembling) and non-routine interventions has been challenged during six previous media fill process qualifications with no media failures. The batches were released based on a full and complete review of all environmental data and all other in process and direct surface sampling outlined above and final batch testing that met all requirements, including sterility testing.

Corrective and Preventive actions:

1. SOP.DQC.0006 – Personnel Monitoring has been revised to add personnel monitoring sample sites of the right shoulder and left shoulder for the machine assembly process. (Click here to review SOP.DQC.0006).

Attachments for observation 3D:

Attachment	:	Document Title
Attachment -3D-1	:	Trend of viable environmental monitoring for all manufactured lots (Click here to review Q1-2024, Q2-2024 & Q3-2024)
Attachment -3D-2	:	Trend of non-viable environmental monitoring for all manufactured lots (Click here to review)
Attachment -3D-3	:	Sterility results of all manufactured lots (Click here to review)
Attachment -3D-4	:	SOP.DQC.0006 "Personnel Monitoring" (Click here to review)

Observation#4:

Written procedures are not established for the cleaning and maintenance of equipment, including utensils, used in the manufacture, processing, packing or holding of a drug product.

Specifically,

Your firm failed to establish a procedure for cleaning of aseptic filling equipment with sporicidal. Your environmental and personnel monitoring program has recovered spore-forming microorganisms while performing aseptic operations of sterile drug products, however there is no documentation to show that sporicidal wipes are being used during cleaning of your aseptic filling equipment.

Tailstorm Response:

Tailstorm acknowledges the observation regarding the absence of documentation for the use of sporicidal wipes during the cleaning of aseptic filling equipment. We fully recognize the critical importance of maintaining sterility in our processes and adhering to current Good Manufacturing Practices (cGMP). Establishing adequate cleaning and sanitization procedures is essential to ensure that equipment used in aseptic processing remains free from contamination.

The use of a sporicidal agent, Decon-Spore, is part of our Cleaning and Disinfectant Program for the area and equipment, as outlined in SOP.DMF.003 ("Routine Cleaning Process for the Cleanroom"). According to this SOP, machine parts, stainless steel surfaces in ISO-5, glove ports, rigid barriers (RABs), PVC curtains of mobile LAF units, and other surfaces/items in ISO-07 areas are disinfected using Decon-Spore. (Click here to review Section 5.11 of SOP.DMF.003)

The observation specifically relates to the use of sporicidal wipes during the preliminary cleaning of the aseptic filling equipment, as mentioned in SOP.DMF.008 ("Procedure for Assembly, Operation and Cleaning of PFS Filling Machine"). (Click here to review Section 5.6 of SOP.DMF.008) This preliminary cleaning is carried out immediately after the filling process and before initiation of the daily routine cleaning process (as per SOP.DMF.003). This additional precautionary measure is aimed at enhancing microbial contamination control, particularly addressing any time gap between the completion of filling operations and the commencement of the established daily cleaning and disinfection process (as per SOP.DMF.003).

While the use of sporicidal wipes has been implemented for this initial cleaning, we recognize that SOP.DMF.008 has not been revised to include the usage in SOP at the time of the inspection.

Observation Summary:

Our standard operating procedure for disinfecting the filling machine section 5.6 (Click here to review section 5.6 of SOP.DMF.008) was found to lack specific instructions on the use of sporicidal wipes immediately after the filling process.

As per SOP.DMF.008 70% isopropyl alcohol was used after completion of filling process and additionally Sporicidal wipes were used in practice but not defined in SOP.DMF.008.

Sporicidal wipes were used as an additional precautionary measure to control potential microbial contamination taken due to the time gap between the completion of the filling operation and the initiation of the full cleaning and disinfection process which is performed daily as per SOP.DMF.003. (Click here to review section 5.11.3 of SOP.DMF.003) The rationale for using sporicidal wipes in this manner is to mitigate the risk of contamination during the period before comprehensive daily cleaning can begin. The additional application of a sporicidal agent serves as a safeguard to reduce microbial load, including spore-forming microorganisms. This practice helps to ensure that the equipment (Filling machine in ISO5) is maintained in a sanitary state in alignment with cGMP requirements for cleaning and maintenance.

Additionally, we have an established full cleaning and disinfection program (**Reference SOP.DMF.003**), details of program are below:

1. **Cleaning and Disinfection Program Overview** **(Click here to review SOP.DMF.003):**
   a. Our cleaning and disinfection program is governed by Standard Operating Procedure (SOP.DMF.003) that details the frequency, agents used, application methods, and rotation of disinfectants to ensure comprehensive control of microbial contamination.
   b. This program outlines a systematic approach for cleaning and disinfecting all equipment and areas involved in aseptic processing including the aseptic filling equipment. The procedures are designed to align with cGMP requirements for maintaining equipment cleanliness and ensuring that no residual contamination could impact the next product.

2. **Comprehensive Cleaning Schedule:**
   We have established a detailed cleaning schedule that specifies daily, weekly, and monthly cleaning tasks for equipment and processing areas. This includes:
   a. Daily cleaning tasks to remove any residual surface contaminants after production activities.
   b. Weekly cleaning procedures to provide a deeper cleaning and disinfection with use of disinfectant twice (2X cleaning) with bactericidal or sporicidal agent in rotation. Disinfectants are rotated weekly.

   The schedule is designed to minimize contamination risks and maintain a controlled environment.

3. **Use of Disinfectants and Sporicidal Agents:**
   Our SOP's provide specific instructions for the selection, preparation, and application of disinfectants and sporicidal agents. This includes details on:
   a. Proper contact times to ensure the efficacy of disinfectants and sporicidal agents against a wide range of microorganisms, including spore-forming bacteria.
   b. Methods for applying cleaning agents, such as wiping, spraying, or fogging, based on the area or equipment being treated.
   c. Sequence of application.

   The use of sporicidal agents is integrated into the routine cleaning activities to provide an additional safeguard against spore-forming microorganisms.

4. **Rotation of Disinfectants:**

a. Our cleaning program includes a rotation of bactericidal and sporicidal disinfectants to prevent the development of microbial resistance and to ensure the effective elimination of a broad spectrum of microorganisms.
b. The rotation schedule incorporates the use of different classes of disinfectants, including sporicidal agents, on a regular basis to maintain effective microbial control. This practice helps address potential resistance and supports compliance with cGMP requirements for maintaining a clean and sanitized processing environment.

5. **Documentation and Cleaning Logs (Click here to review SOP.DMF.003.F01):**
   Cleaning and disinfection activities are meticulously documented in cleaning logs (Click here to review executed cleaning log as per SOP.DMF.003.F01), which capture the details of each cleaning event. These logs include:
   a. The date and time of the cleaning activity.
   b. Identification of the equipment or area cleaned.
   c. The type of cleaning agent or disinfectant used, including any sporicidal agents.
   d. The name and signature of the personnel who performed and verify the cleaning.

Impact assessment:

The use of sporicidal wipes, although not defined in the SOP, has no negative impact, as these wipes serve as an additional precautionary measure to enhance control over potential microbial contamination. This practice is specifically implemented to pre-clean equipment after the filling operation and prior to the start of the established daily cleaning and disinfection process.

Conclusion:

Our cleaning and disinfection program is designed to effectively mitigate microbial contamination risks in aseptic processing areas which is crucial for ensuring product safety.

Trend analysis of environmental monitoring data specifically contact plate and swab monitoring of equipment and area indicates that there have been no excursions and that the viable and non-viable particles consistently meet area specifications. This sustained compliance suggests that the

cleaning and disinfection procedures are functioning as intended and are critical to maintaining the required aseptic conditions (Click here to review environmental monitoring trend of Q1-2024, Q2-2024 & Q3-2024).

Corrective and Preventive actions:

1. SOP.DMF.0031 has been revised to include the use of sporicidal wipes (Click here to review section 5.6 of SOP.DMF.0031 (Former SOP no. SOP.DMF.008).

Attachments for observation 4A:

Attachment	:	Document Title
Attachment -4A-1	:	SOP.DMF.003 "Routine cleaning process for the cleanroom (Click here to review)
Attachment -4A-2	:	SOP.DMF.008 "Procedure for assembly, operation and cleaning of PFS filling machine" Obsolete version (Click here to review)
Attachment -4A-3	:	SOP.DMF.0031 "Procedure for assembly, operation and cleaning of PFS filling machine" (Incorporation of sporicidal wipe) (Click here to review)
Attachment -4A-4	:	SOP.DMF.003.F01 Cleaning and disinfection log (Click here to review)
Attachment -4A-5	:	SOP.DMF.003.F01 Executed cleaning and disinfection log (Click here to review)
Attachment -4A-6	:	Environmental monitoring trend analysis Q1-2024 (Click here to review)
Attachment -4A-7	:	Environmental monitoring trend analysis Q-2024 (Click here to review)
Attachment -4A-8	:	Environmental monitoring trend analysis Q3-2024 (Click here to review)

Observation#5:

The labels of your outsourcing facility's drug products do not include information required by section 503B (a) (10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act).

Specifically,

The statement "Office Use Only" if the drug is dispensed or distributed other than pursuant to a prescription for an individual identified patient.

Examples of your drug product labels that do not contain this information, include, but are not limited to:

- ***Semaglutide 1mg/0.2mL***

Tailstorm Response:

Tailstorm acknowledges the observation and the requirement to adhere to section 503B (a) (10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act). In this instance the statement "For Office Use Only" was not included on the label. We commit to update the labels as per section 503B (a) (10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) and review all other product labels for compliance. Tailstorm understands the importance of thorough investigation and we are committed to ensure that a robust investigation is performed for each observation thereby ensuring the safety and quality of our products for our patients.

Observation Summary:

Deviation DV/DEV/24/010 was initiated for missing statement "For Office Use Only" required by section 503B (a) (10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act). (Click here to review deviation DV/DEV/24/010)

SOP.DQA.033 "Deer Valley - Design, Control, Review, and Approval of Product Labels." Sections 6.1.6 and 6.1.8 require the label to have the requirements listed in section 503B (a) (10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) on the primary container (prefilled syringe) and secondary container (clamshell). (Click here to review section 6.1.6 and 6.1.8 of SOP.DQA.033)

A gap assessment was performed to evaluate compliance with labelling requirements listed in Federal Food, Drug, and Cosmetic Act. Scope of this assessment covers products repackaged and compounded at Tailstorm. List of products is below:

Product	Strength	Compounding/Repackaging
Semaglutide Injection	0.25mg/0.05mL	Compounding
	0.5mg/0.1mL	
	1mg/0.2mL	
	1.7mg/0.22mL	
	2.4mg/0.3mL	
Tirzepatide Injection	2.5mg/0.1mL	Compounding
	5mg/0.2mL	
	7.5mg/0.3mL	
	10mg/0.2mL	
	12.5mg/0.25mL	
Bevacizumab Injection	1.25mg/0.05mL	Repackaging

a. Comparison with Federal Requirements for Repackaging Biologic Products:
SOP.DQA.033 "Deer Valley - Design, Control, Review, and Approval of Product Labels." and Product master label of Avastin was reviewed and compared for compliance with repackaging guidance "Mixing, Diluting, or Repackaging Biological Products Outside the Scope of an Approved Biologics License Application" dates January 2018 (Click here to review guidance), comparison details are below:

Compliance with the requirement as per the guidance is indicated by a "✓" while non-compliance is marked with an "X".

Repackaging guidance requirements for Biological products labelling	Comparison with repackaging guidance for repackaging biological products				Justification
	SOP states for syringe label	Avastin syringe master label	SOP states for clamshell label	Avastin clamshell label	
The biological product was repackaged by [name of outsourcing facility] whichever is appropriate	✓	✓	✓	✓	N/A
The address and phone number of the outsourcing facility that mixed, diluted, or repackaged the biological product	✓	✓	✓	✓	N/A
The proper name of the licensed biological product that was mixed, diluted, or repackaged	✓	✓	✓	✓	N/A

Repackaging guidance requirements for Biological products labelling	Comparison with repackaging guidance for repackaging biological products				Justification
	SOP states for syringe label	Avastin syringe master label	SOP states for clamshell label	Avastin clamshell label	
The lot or batch number assigned by the outsourcing facility for the mixed, diluted, or repackaged biological product	✓	✓	✓	✓	N/A
The dosage form and strength of the mixed, diluted, or repackaged biological product	✓	✓	✓	✓	N/A
A statement of either the quantity or the volume of the mixed, diluted, or repackaged biological product, whichever is appropriate	✓	✓	✓	✓	N/A
The date the biological product was mixed, diluted, or repackaged	✓	✓	✓	✓	N/A
The BUD of the mixed, diluted, or repackaged biological product	✓	✓	✓	✓	N/A
Storage and handling instructions for the mixed, diluted, or repackaged biological product	✓	✓	✓	✓	N/A
The National Drug Code (NDC) number for the mixed, diluted, or repackaged biological product, if available27	✓	✓	✓	✓	N/A
The Statement "Not for Resale" and If the biological product is distributed by an outsourcing facility other than pursuant to a prescription for an individual identify patient, The Statement "Office Use Only"	X ✓	X ✓	✓ ✓	✓ ✓	Refer Note-1
If included on the label of the FDA-licensed biological product from which the biological product is	X	X	✓	✓	Refer Note-2

Repackaging guidance requirements for Biological products labelling	Comparison with repackaging guidance for repackaging biological products				Justification
	SOP states for syringe label	Avastin syringe master label	SOP states for clamshell label	Avastin clamshell label	
being mixed, diluted, or repackaged, a list of the active and inactive ingredients in the FDA-licensed biological product, unless such information is included on the label for the container from which the individual units of the mixed, diluted, or repackaged biological product are removed, as described below in 13.b.i; and, if the biological product is mixed or diluted, a list of any ingredients that appear in the mixed or diluted product in addition to those ingredients that are on the label of the original FDA licensed biological product.					

Summary of Findings:

The comparison between the requirements outlined in Federal Requirements for Repacking, SOP.DQA.033 "Deer Valley - Design, Control, Review, and Approval of Product Labels" and the labeling of Avastin confirms that all critical labeling requirements to understand the product are fully addressed in the master labels for both the prefilled syringe (PFS) and clamshell packaging (refer note-1 & 2 for exception).

Note 1: The "Not for Resale" statement is clearly presented on the clamshell packaging, which contains 5 PFS units of Avastin, ensuring compliance with federal requirements. Since the clamshell is sold directly to healthcare professionals for patient administration, the intent of the labeling is upheld, as the product is not intended for resale. Thus, there is no impact on compliance or intended use (Click here to review master label of Avastin PFS and Clamshell). Based on the gap assessment the master PFS label of Avastin has been revised to include the statement "Not for Resale" (Click here to review master label of Avastin PFS).

Note 2: The PFS label includes the active ingredient, while the inactive ingredients are clearly listed on the clamshell packaging. Given that the clamshell contains 5 PFS units and is the primary point of reference for healthcare professionals, this meets the requirement for ingredient disclosure. The space constraints on the PFS label prevent listing all inactive ingredients, but the

essential information is available on the clamshell. This ensures that there is no impact on compliance or safety as healthcare providers have access to all necessary ingredient information. (Click here to review master label of Avastin PFS and Clamshell).

b. Comparison with Federal Requirements for Compounding Products:

SOP.DQA.033 "Deer Valley - Design, Control, Review, and Approval of Product Labels." and Product (Semaglutide and Tirzepatide) all master labels were reviewed and compared for compliance with section 503B (a) (10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) - Federal Requirements for 21 U.S. Code § 353b - Outsourcing facilities- Compounding for compounded products, (Click here to review guidance) comparison details are below:

Compliance with the requirement as per the guidance is indicated by a "✓" while non-compliance is marked with an "**X**".

Federal Requirements for 21 U.S. Code § 353b - Outsourcing facilities- Compounding	**Comparison with Federal Requirements**				**Justification**
	SOP states for Syringe label	**Semaglutide and Tirzepatide Syringe label**	**SOP states for Clamshell label**	**Semaglutide and Tirzepatide Clamshell label**	
(i) the statement "This is a compounded drug." or a reasonable comparable alternative statement (as specified by the Secretary) that prominently identifies the drug as a compounded drug;	✓	✓	✓	✓	N/A
(ii) the name, address, and phone number of the applicable outsourcing facility; and	✓	✓	✓	✓	N/A
(iii)with respect to the drug—(I) the lot or batch number;	✓	✓	✓	✓	N/A
(II) the established name of the drug;	✓	✓	✓	✓	N/A
(III) the dosage form and strength;	✓	✓	✓	✓	N/A
(IV) the statement of quantity or volume, as appropriate;	✓	✓	✓	✓	N/A

Federal Requirements for 21 U.S. Code § 353b - Outsourcing facilities- Compounding	Comparison with Federal Requirements				Justification
	SOP states for Syringe label	Semaglutide and Tirzepatide Syringe label	SOP states for Clamshell label	Semaglutide and Tirzepatide Clamshell label	
(V) the date that the drug was compounded;					
(VI) the expiration date;	✓	✓	✓	✓	N/A
(VII)storage and handling instructions;	✓	✓	✓	✓	N/A
(VIII) the National Drug Code number, if available;	✓	✓	✓	✓	N/A
(IX) the statement "Not for resale", and, if the drug is dispensed or distributed other than pursuant to a prescription for an individual identified patient, the statement "Office Use Only"; and	✓ ✓	✓ X	✓ ✓	X X	Refer Note-1
(X) subject to subparagraph (B)(i), a list of active and inactive ingredients, identified by established name and the quantity or proportion of each ingredient.	X	X	✓	✓	Refer Note-2

Summary of Findings:

The comparison between the requirements outlined in Federal Requirements for 21 U.S. Code § 353b - Outsourcing facilities- Compounding, SOP.DQA.033 "Deer Valley - Design, Control, Review, and Approval of Product Labels" and the labeling of Semaglutide/Tirzepatide confirms that all critical labeling requirements to understand the product fully are addressed in the master labels for both the prefilled syringe (PFS) and clamshell packaging (refer note-1 & 2 for exception)

Note-1: The statement "For Office Use Only" was omitted intentionally based on the draft guidance, titled "Prohibition on Wholesaling Under Section 503B of the Federal Food, Drug, and Cosmetic Act (June 2023)".

"Not for Resale" statement was inadvertently missed on the clamshell label of Semaglutide and Tirzepatide however the statement was available on the PFS label which prevents the resale the of the drug product.
The primary PFS and secondary clamshell label of Semaglutide and Tirzepatide has been revised to include the statement "For Office Use Only" and "Not for Resale" (Click here to review master label of Semaglutide and Tirzepatide PFS and Clamshell)
Note-2: The PFS label includes the active ingredient, while the inactive ingredients are clearly listed on the clamshell packaging. Given that the clamshell contains 4 PFS units and is the primary point of reference for healthcare professionals, this meets the requirement for ingredient disclosure. The space constraints on the PFS label prevent listing all inactive ingredients, but the essential information is available on the clamshell. This ensures that there is no impact on compliance or safety as healthcare providers have access to all necessary ingredient information. (Click here to review master label of Semaglutide and Tirzepatide PFS and Clamshell)

Root Cause:

SOP.DQA.033 was not followed to include "For Office Use Only" which is also required by 503B (a) (10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act).
The statement "For Office Use Only" was omitted intentionally based on the draft guidance, titled "Prohibition on Wholesaling Under Section 503B of the Federal Food, Drug, and Cosmetic Act (June 2023)" (Click here to review draft guidance) permits FDA-registered outsourcing facilities such as Tailstorm, "to distribute a drug it compounded to a state-licensed pharmacy, federal facility, or licensed physician, which subsequently dispenses the drug pursuant to a prescription in accordance with section 503(b)(1) of the FD&C Act." Draft Guidance, lines 329-338 (Click here to review Guidance).
The statement "For Office Use Only" was omitted intentionally with the understanding that the product may further distributed from the provider to patients for home use.

Impact assessment:

There is no impact to patient safety because the provider instructs the patient on how to administer the product and all other critical label requirements were present on the label.
The omission of the "For Office Use Only" statement on Semaglutide and Tirzepatide labels does not negatively impact patient safety or provider understanding.
Healthcare providers instruct patients on how to use compounded medications. This omission does not compromise safety as providers remain responsible for ensuring proper administration.
Providers are accustomed to handling compounded products and are unlikely to be confused by the lack of the specific statement, which reinforces the proper use of the medication.
All other critical requirements were present on the labels.

Conclusion:

Tailstorm acknowledges the observation regarding the omission of the "For Office Use Only" statement on product label of Semaglutide. While the intent behind the omission was reference to the draft guidance, titled "Prohibition on Wholesaling Under Section 503B of the Federal Food, Drug, and Cosmetic Act (June 2023)", we recognize the importance of strict compliance with all 503B labelling and repackaging regulations.

All other critical labeling elements were present ensuring there is no adverse impact to patient safety or provider understanding. To address this issue, Tailstorm has revised the affected labels to include the necessary statements and enhance the label review and approval process (Click here to review SOP.DQA.033) to ensure compliance with all regulatory standards in the future.

Corrective and Preventive actions:

Corrective Action:

1. **Revision of Master Labels:**
    1. The master labels for the pre-filled syringes (PFS) and clamshell packaging of Semaglutide and Tirzepatide Injection have been revised to include the "Office Use Only" statement, in accordance with the Federal Food, Drug, and Cosmetic Act (FD&C Act). (Click here to review master label of Semaglutide and Tirzepatide PFS and Clamshell)
    2. The master label for the pre-filled syringes (PFS) of Avastin Injection has been revised to include the "Not for resale" statement, in accordance with the repackaging guidance "Mixing, Diluting, or Repackaging Biological Products Outside the Scope of an Approved Biologics License Application" dates January 2018. (Click here to review master label of Avastin PFS)

Preventive Action:

1. **Revision of Standard Operating Procedure (SOP):**

    SOP.DQA.033 is revised to explicitly outline the mandatory requirements for label content in accordance with the FD&C Act.
2. **Enhanced Checklist for Label Creation:**
    a. The existing checklist for label creation for repackaged biological products has been revised to mandate full compliance to all labelling requirements in the Repackaging of Certain Biological.
    b. A new checklist has been added (SOP.DQA.033) to mandate full compliance to of each labelling requirement outlined in the FD&C Act for compounded drugs. This checklist will prevent the omission of any critical information during the label creation and review process. (Click here to review checklist of repackaged drug product for clamshell & syringe and compounded drug product for clamshell & syringe)

Attachments for observation 5A:

Attachment	:	Document Title
Attachment -5A-1	:	503B (a) (10)(A) of the Federal Food, Drug, and Cosmetic Act (FD&C Act (Click here to review)
Attachment -5A-2	:	Mixing, Diluting, or Repackaging Biological Products Outside the Scope of an Approved Biologics License Application (Click here to review)
Attachment -5A-3	:	Draft guidance "Prohibition on Wholesaling Under Section 503B of the Federal Food, Drug, and Cosmetic Act (June 2023)" (Click here to review)
Attachment -5A-4	:	SOP.DQA.033 "Design, Control, Review and Approval of Product Labelling" (Click here to review)
Attachment -5A-5	:	Deviation DV/DEV/24/010 (Click here to review)
Attachment -5A-6	:	New master clamshell label approval for repackaged biological products (Click here to review)
Attachment -5A-7	:	New master syringe label approval for repackaged biological products (Click here to review)
Attachment -5A-8	:	Master Label PFS – Avastin (Click here to review)
Attachment -5A-9	:	Master Label Clamshell – Avastin (Click here to review)
Attachment -5A-10	:	Master PFS and Clamshell Label – Semaglutide (Click here to review)
Attachment -5A-11	:	Master PFS and Clamshell Label – Tirzepatide (Click here to review)
Attachment -5A-12	:	New master clamshell label approval for compounded products (Click here to review)
Attachment -5A-13	:	New master syringe label approval for compounded products (Click here to review)

Delaware

The First State

I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TAILSTORM HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TAILSTORM HEALTH, INC." WAS INCORPORATED ON THE TWELFTH DAY OF JANUARY, A.D. 2015.

C. P. Sanchez

Charuni P. Sanchez, Secretary of State

Authentication: 202754513

Date: 01-31-25

5672894 8300

SR# 20250210965

You may verify this certificate online at corp.delaware.gov/authver.shtml

TailStorm Health Inc. DBA Medivant Healthcare - Corporate Officers			
Address:	**158 S Kyrene Rd Chandler AZ 85226**		
Main Number:	480.605.5200		
List/Name of Officers	Position/Title	DOB	ADDRESS
Ramesh Vijayaraghavan	President	[redacted]	[redacted]
Mitesh Gandhi	Secretary/Director of Operations		
Anuj Patodia	CFO		

Shareholder	QTY of Shares	Common Shareholding
Janshi Marketing DMCC	588,352	56%
Kyle Hotchkissk	37,500	4%
BR Homes LLC	24,852	2%
CCM & SDM Venture Funding LLC	11,000	1%
Arumalla Properties, LLC	10,500	1%
Paul Hench Lemaistre	9,000	1%
Maya 9793 LLC	7,500	1%
Siddhanth Investments Limited Partnership	7,500	1%
TPF Holdings LLC	7,500	1%
Dan Thiessen	7,000	1%
Jeff Thiessen	7,000	1%
Jordan Thiessen	7,000	1%
Chadwick Parson	6,500	1%
Sammark LLC	6,500	1%
Sushma Chamaria	5,500	1%
Rana Prasad	4,500	0%
Ellman Equities LLC	4,000	0%
Floki LLC	4,000	0%
Parijat Chandra	4,000	0%
Garett Bjorkman	3,500	0%
Alex Mirbod	2,500	0%
Joseph Lear	2,500	0%
Mark Manocha	2,500	0%
Ravindra Edupuganti	2,500	0%
Rohit Nichani	2,500	0%
Sumeet Mittal	2,500	0%
Jeffrey Grant	1,500	0%
Kevin Haddad Boise	1,500	0%
Kris Sammadar	1,500	0%
Lindsey McGrath	1,500	0%
Robin Sammadar	1,500	0%
Shawn K Kesterson	1,500	0%
Timothy S Callan	1,500	0%
Brownstein Hyatt Farber Schreck, LLP	1,000	0%
Sedgwick Holdings, LLC	1,000	0%
Armor Trust	1,220	0%
Alpa Gandhi	6,473	1%
Brandon Bunger	3,806	0%
Rudra Narayan Das	913	0%
Kavyah Ruddha LLC	3,044	0%
Neora Investments	1,522	0%
Vantage FBO John B. Fitzpatrick IRA	1,522	0%
James LaPorta	3,044	0%
Brass Holdings LLC	1,522	0%
Cubozoa LP	1,522	0%
Pandita Enterprise LLC	3,806	0%
Wilde Family Trust	3,806	0%

TGPG 2020 Irrevocable Trust	761	0%
JMDRS Inc	1,827	0%
Shah Investments LLC	1,827	0%
James T Leathem	1,218	0%
Gregory J Wong	1,827	0%
Atanu Sarkar & Nandini Sarkar	15,222	1%
Shipra Diwan	3,806	0%
1315 Capital Emerging Growth and Buyout, LP	135,699	13%
1315 Capital Emerging Growth and Buyout Parallel, LF	63,789	6%
Total	1,048,880	**100%**

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/03/2023
Receipt Number: 2023160362
Receipt Amount $: 1000.00

Manufacturer - 503B Outsourcer

PERMIT NO
M002033

EXPIRES
10/31/2025

Issued to :

Tailstorm Health **Inc dBA Medivant Healthcare**
Viraj Gandhi
24416 NORTH 19TH AVENUE SUITE 200
PHOENIX, AZ 85226

Tailstorm Health Inc dBA Medivant Healthcare
24416 NORTH 19TH AVENUE SUITE 200
PHOENIX, AZ 85085

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Viraj Gandhi
LICENSE NUMBER : M002033
EXPIRES : 10/31/2025

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

JCENSE HOLDER (pharmacist, intern, technician, technician-trainee)

Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to erform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.

You are required by law to notify the Board of any home address and/or employment change within 10 business days

'ERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-01 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law

In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 ays prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the oard within 10 business days of move.

Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be ubmitted to the Board, when available.

Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

11C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (6/11/2024)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-Nevada	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Dangerous drugs
	☐ Location Change *	☐ Internet	■ Controlled substances
	☐ Service Modification*	☐ Nuclear	DEA #: FV9694666
	☐ Name Change* (if only a Name Change occurred, submit a **$50.00 fee** with the application.)	☐ Other:	■ Non-sterile Compounding
			■ Sterile Compounding
			☐ Mail-Order Service
			☐ Off-site Cognitive Services
			☐ Long Term Care
			☐ Hospital
	* Current license #: PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	■ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Vidrine Pharmaceutical Group, LLC

Physical Address: 404 E. Prien Lake Road

City: Lake Charles State: LA Zip: 70601

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (337) 436-7216 Toll Free # (NAC 639.708, NRS 639.23286): 1-855-305-2110

Fax: (337) 436-7217 Contact Email: jvidrine@bndsrx.com

Website: https://boudreauxsnewdrug.com/

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Kylee Vidrine

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 24591

Section 2: List the name(s) of at least one NEVADA registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Name: _____ NV Pharmacist Registration #: _____

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: Vidrine Pharmaceutical Group, LLC

Mailing Address: 404 E. Prien Lake Road

City: Lake Charles State: LA Zip: 70601

Telephone: (337) 499-7760 Email: jvidrine@bndsrx.com

Contact Person Name: Jesse Vidrine

Please check type of partnership (NAC 639.214) ☐ General ☒ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Owner (title) for Boudreaux's New Drug Store (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Jesse Vidrine

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

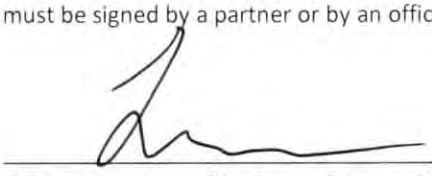
09/30/24

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jesse Vidrine

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

09/30/24

Date

Board Use Only	Date Received: 10/22/24	Amount: $500 - ck 3161

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: CONSENT ORDER

VIDRINE PHARMACEUTICAL GROUP, LLC D/B/A BOUDREAUX'S NEW DRUG STORE

LOUISIANA PHARMACY PERMIT NO. 8142 Case No. 22-0103

CONSENT AGREEMENT

WHEREAS, an informal conference was conducted by the Violations Committee of the Louisiana Board of Pharmacy (hereinafter referred to as the "Board") on June 8, 2022 at the Board office, 3388 Brentwood Drive, Baton Rouge, LA 70809, in the matter of VIDRINE PHARMACEUTICAL GROUP, LLC D/B/A BOUDREAUX'S NEW DRUG STORE (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 8142, 404 E. Prien Lake Rd., Lake Charles, LA 70601, with Respondent's representative Jesse Vidrine, Pharmacist-in-Charge Kylee Vidrine and attorney Chris Whittington appearing on behalf of Respondent.

WHEREAS, from September 11, 2020 to March 2, 2022, a total of 3,650 prescriptions were dispensed at Boudreaux's New Drug Store that were purportedly sterile products compounded in the non-HD buffer room in a biological safety cabinet that last had a "PASS" result on its Certification Status on June 2, 2020.

WHEREAS, the Board alleges that such actions constitute violations of the following:

La. R.S. 37:1241 (A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

LAC, Title 46: LIII §2535(A)(2)(a): The compounding of sterile preparations pursuant to receipt of a patient-specific prescription shall comply with the provisions of Section 503-A of the FDCA and USP Chapter 797.

To facilitate the submission of this Consent Agreement, Respondent does not contest the allegations and agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

VIDRINE PHARMACEUTICAL GROUP, LLC D/B/A BOUDREAUX'S NEW DRUG STORE is ordered to pay a fine of $25,000.00 and to reimburse the Board $250.00 for administrative costs, and $2,791.01 for investigative costs with total payment due the Board of $28,041.01, due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter, waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing and to judicial review of this Consent Agreement. Moreover, at no time shall Respondent request the expungement, rescission or removal of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to authorize the Board to report this action to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) as required by law.

I, JESSE VIDRINE, authorized to act on behalf of and acting on behalf of **VIDRINE PHARMACEUTICAL GROUP, LLC D/B/A BOUDREAUX'S NEW DRUG STORE,** understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

[Remainder of page intentionally left blank; signature page to follow.]

SIGNED, AGREED TO AND ENTERED ON THIS 9th DAY OF June, 2022.

Vidrine Pharmaceutical Group, LLC *d/b/a* Boudreaux's New Drug Store
Louisiana Pharmacy Permit No. 8142

BY: JESSE VIDRINE
Authorized Representative

CHRISTOPHER L. WHITTINGTON
Williamson, Fontenot, Campbell & Whittington, LLC
P. O. Box 3035 (70821-3035)
955 McClung Street
Baton Rouge, LA 70802

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on August 17, 2022, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Marty R. McKay
President & Hearing Officer for the Board

Louisiana Board of Pharmacy

3388 Brentwood Drive, Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov ~ Telephone: 225.925.6496 ~ E-Mail: info@pharmacy.la.gov

Pharmacy Inspection Report

Permit Data	Report No. 040	Inspected by: Savoie/Fidanza	Territory: Savoie	Date: 2/24 & 3/2/2022

Reason for Visit: ☐ Initial Survey ☒ Service Review ☐ Follow-Up Survey ☐ Compliance Check

1. Pharmacy Name	2. Permit No.	3. CDS License	4. Classification	5. Renewal Yr.
Boudreaux's New Drug Store	8142	58480	IR	2022

6. Physical Address	7. Mailing Address	8. City, State, Zip
404 E. Prien Lake Rd.	Same	Lake Charles, LA 70601

9. Phone No.	10. Fax No.	11. E-mail Address	12. Accreditation
(337) 436-7216	(337) 436-7217	kvidrine@bndsrx.com	Yes ☐ ( ) No ☐ N/A ☒

13. Compounding	14. AMS Permit No.	15. Rx Software	16. DEA No.	DEA Expiration
Sterile ☒ Non-Sterile ☒ N/A ☐		ComputerRx, The CompounderRx	FV9694666	5/31/2023

17. Store Hours	18. Pharmacy Hours
8:30AM - 5:30PM (M-F) N/A ☐	Same

Pharmacist-In-Charge

19. PIC Name	20. Sex	21. License No.	22. Renewal Year	23. CE Compliant
Kylee B. Vidrine		21317	2022	Yes ☐ No ☐

24. Address of Record	25. City, State, Zip	26. Phone
404 E. Prien Lake Rd.	Lake Charles, LA 70601	(337) 436-7216

27. *Pharmacy Staff*	License No.	Renewal Year	C.E. Compliant		
Elizabeth M. Hebert - PST	21059	2022	Yes ☐	No ☐	Exempt ☐
Monica P. Harrington - PST	17453	2022	Yes ☐	No ☐	Exempt ☐
Kimberly N. Trahan - CPT	10797	21-22	Yes ☐	No ☐	Exempt ☐
Ashley A. Wainwright - CPT	10999	21-22	Yes ☐	No ☐	Exempt ☐
Regan E. Bertrand - CPT	14753	21-22	Yes ☐	No ☐	Exempt ☐
Tina M. Guin - CPT	15948	21-22	Yes ☐	No ☐	Exempt ☐
Kimberly D. Smith - CPT	4459	21-22	Yes ☐	No ☐	Exempt ☐
			Yes ☐	No ☐	Exempt ☐
			Yes ☐	No ☐	Exempt ☐
			Yes ☐	No ☐	Exempt ☐
			Yes ☐	No ☐	Exempt ☐

Professional and Occupational Standards

	Compliance Yes	No	N/A		Compliance Yes	No	N/A
28. Credentials current/active	☒	☐	☐	39. Emergency Drug Cabinet	☐	☐	☒
29. Premises Clean/Orderly	☒	☐	☐	40. Electronic Record Keeping	☒	☐	☐
30. Adequate Lighting/Ventilation	☒	☐	☐	41. Required Info. on CDS Rxs	☒	☐	☐
31. Adequate Refrigeration/Temperature	☒	☐	☐	42. CDS Invoices Retrievable/Dated	☒	☐	☐
32. Min. Rx Dept. Size/Aisle Space	☒	☐	☐	43. C-II Order Forms	☒	☐	☐
33. Sterile Compounding see comments	☐	☐	☐	44. Perpetual CII/CDS Annual Inventory			
34. Sink (Location & Temperature)	☒	☐	☐	Inventory Date (10/9/2021)	☒	☐	☐
35. Required References	☒	☐	☐	45. Policy & Procedure Manual	☒	☐	☐
36. Security (Alarm) (Restricted Access)	☒	☐	☐	46. Pharmacist Register/Positive Identification	☒	☐	☐
37. Adequate Equipment	☒	☐	☐	47. Patient Counseling	☒	☐	☐
38. Meds. Misbranded, Non-Labeled, Exp.	☒	☐	☐	48. Intern/CPT/Tech Trainee I.D.	☒	☐	☐

52. Prior Inspection Date:	53. Deficiencies/Non-Compliance on Prior Inspection	54. Correction(s) Observed
6/23/2020	none	----

(continued)

Louisiana Board of Pharmacy

3388 Brentwood Drive, Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov ~ Telephone: 225.925.6496 ~ E-Mail: info@pharmacy.la.gov

Pharmacy Inspection Report

1. Pharmacy Name	2. Permit No.	3. CDS License	4. Classification	5. Renewal Yr.
Boudreaux's New Drug Store	**8142**	**58480**	**IR**	**2022**

55. Comments: NOTE: A finding of satisfactory compliance is not indicative of a detailed inspection/investigation and does not exclude the permit and/or staff from possible future violations of compliance.

>> Advised pharmacy staff credentialed with the Board to send change of mailing address and/or place of employment within 10 days of the actual change. Referred staff to January 2019 newsletter for more information.

>> Advised pharmacy staff credentialed by the Board to ensure all CE hours earned are reported to and are accounted for in CPE Monitor.

>> Discussion with pharmacy staff about the accuracy of the list of current employees displayed on the Board website for the permit.

>> Discussion with pharmacy staff to ensure patients' full name (as appears on their ID) is reported as such when information is submitted to PMP.

Discussion with PIC Vidrine about pharmacist's corresponding responsibility regarding the dispensing of controlled dangerous substances. PIC Vidrine acknowledged an understanding of a pharmacist's corresponding responsibility.

Universal Pharmacy Inspection Form (USP 795 & 797) for compliance measurements...

Pertaining to USP 797...

70.00- Documentation available only for garbing/gowning/hand hygiene and aseptic technique. Not able to locate documentation for completed didactic training and passing written competence assessments.

97.02-, 105.00- PEC located in buffer room was evaluated in December 2020 with FAIL result in downflow velocity, inflow velocity and airflow pattern tests & site installation tests. PEC has not been evaluated by Allometrics since December 2020.

97.06- The PIC/compounding supervisor is familiar with what testing is required and interpretation of results, ensures all testing is performed appropriately (under dynamic conditions where appropriate), has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance.

100.01- Air pattern analysis for PEC in buffer room has not been evaluated since December 2020.

As per USP 797 Sterile Preparations - Engineering Control Performance Verification (2015): Certification procedures such as those outlined in CAG-003-2006 shall be performed by a qualified individual no less than every 6 months and whenever the device or room is relocated or altered or major service to the facility is performed.

Comments continued on third page...

Louisiana Board of Pharmacy

www.pharmacy.la.gov ~ Telephone: 225.925.6496 ~ E-Mail: info@pharmacy.la.gov

Pharmacy Inspection Report

1. Pharmacy Name	2. Permit No.	3. CDS License	4. Classification	5. Renewal Yr.
Boudreaux's New Drug Store	**8142**	**58480**	**IR**	**2022**

55. Comments: NOTE: A finding of satisfactory compliance is not indicative of a detailed inspection/investigation and does not exclude the permit and/or staff from possible future violations of compliance.

Advised PIC Vidrine to immediately quarantine inventory of sterile products compounded in uncertified PEC. Email document(s) listing inventory quarantined to "hsavoie@pharmacy.la.gov"

Uncertified PEC not to be used for sterile compounding until certified.

Request for dispensing records of all sterile products compounded in uncertified PEC since 9/11/2020 to be produced/ delivered by March 9, 2022.

Request for Allometric certification documents since June 2020 certification. Email to "hsavoie@pharmacy.la.gov"

PIC Vidrine authorized inspection report be emailed to "kvidrine@bndsrx.com"

PIC

Authorized Signature & Title

Compliance Officer, Louisiana Board of Pharmacy

Form No. 601

Rev. 01-01-2022

UNITED STATES OF AMERICA

State of Louisiana

Nancy Landry

SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

VIDRINE PHARMACEUTICAL GROUP, LLC

A limited liability company domiciled in LAKE CHARLES, LOUISIANA,

Filed charter and qualified to do business in this State on July 13, 2020,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 21, 2024

Nancy Landry

Secretary of State

Web 43975942K

STATE OF LOUISIANA · UNION · JUSTICE · CONFIDENCE · SECRETARY OF STATE

Certificate ID: 11923691#NJ62

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate,** then follow the instructions displayed.
www.sos.la.gov

Vidrine Pharmaceutical Group, LLC
Office: 337.436.7217 ♦ Fax: 337.436.7217
404 E. Prien Lake Rd. ♦ Lake Charles, La 70601

July 30th, 2024

Ownership Interest: Vidrine Pharmaceutical Group, LLC

Jesse Brett Vidrine

[redacted]

404 East Prien Lake Rd., Lake Charles, LA 70601 337.436.7216

50%

Kylee Brooke Vidrine

[redacted]

404 East Prien Lake Rd., Lake Charles, La 70601 337.436.7216

50%

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Boudreaux's New Drug Store

Pharmacy/Wholesaler License # (if applicable) PHY-008142.IR

Physical Address 404 E. Prien Lake Rd

City Lake Charles State LA Zip 70601

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (337) 436-7216 Website https://boudreauxsnewdrug.com/

Licensing Company Email jvidrine@bndsrx.com

Section 2: Personal Information

First Kylee Middle Brooke Last Vidrine

Alias(es, nicknames, name changes, etc.) _____

[redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Houston College of Pharmacy		(09/09-05/13)	
Address: 4302 University Dr	City: Houston	State: TX	Zip: 77004
Diploma/Degree obtained, if any: Doctorate in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Texas A&M University		(05/03-12/07)	
Address: 400 Bizzell St	City: College Station	State: TX	Zip: 77840
Diploma/Degree obtained, if any: Bachelors in Biology			

School Name		From - To (MM/YY – MM/YY)	
Kingwood High School		(05/99-05/03)	
Address: 2701 Kingwood Dr	City: Kingwood	State: TX	Zip: 77339
Diploma/Degree obtained, if any: High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
(05/21-present)	[redacted]			
(05/05-05/21)				

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Boudreaux's New Drug Store			(02/20-Present)	
Business Address		City	State	Zip
404 E. Prien Lake Rd		Lake Charles	LA	70601
Phone	Title		Number of Employed Hours	
(337) 436-7216	PIC		8000	
Description of Duties				
Pharmacist in Charge, record keeping, employee management				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?	✓	
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 & 7. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Please see attached documents

Original Signature (electronic, copies or stamps not accepted)

10/21/2024
Date

I, Kylee Vidrine, **certify that as the designated representative for**

Boudreaux's New Drug Store,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kylee Vidrine

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/21/2024

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kylee Vidrine

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/21/2024

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/21/2024

Date

Subscribed and Sworn to before me this 21 day of October, 2024

Diana G. Andersen

Notary Public Signature

DIANA G. ANDERSEN
Notary Public
State of Louisiana
Calcasieu Parish
Notary ID # 1375
My Commission is for Life

Vidrine Pharmaceutical Group, LLC
Office: 337.436.7217 ♦ Fax: 337.436.7217
404 E. Prien Lake Rd. ♦ Lake Charles, La 70601

October 21st, 2024

Subject: Explanation of Inspection Findings - March 2nd, 2022

Dear Members of the Nevada Board of Pharmacy,

I am writing to provide an explanation regarding the inspection conducted by the Louisiana State Board of Pharmacy on March 2nd, 2022, and the subsequent findings.

During the annual inspection, the Louisiana State Board of Pharmacy identified a discrepancy in the certification records pertaining to one of our Biological Safety Cabinets (BSC) provided by Allometrics. Specifically, it was noted that the BSC had missed an inspection. Upon closer examination, it was discovered that during the scheduled testing, the BSC was operating at 82%, slightly outside the approved range. Consequently, the service technician opted to take the BSC out of service without notifying the PIC.

Regrettably, during the heightened activity surrounding COVID-19, the service technician did not conduct the customary exit interview at the conclusion of the testing period. Furthermore, the technician neglected to clearly mark the BSC as non-compliant or indicate a failing test result. Instead, a minor note was included in the comprehensive 75-page report. Unfortunately, this oversight was not immediately recognized by our Pharmacist In Charge (PIC) during her review of the report.

However, it is important to note that all products produced from the BSC during the period of the missed inspection underwent thorough testing, and all results met the required standards. Upon being informed of the failed test result during the inspection, immediate action was taken by our pharmacy. We promptly procured a new BSC, which was installed in our sterile lab the following day and subsequently tested by Allometrics.

In response to the findings, the Louisiana Board of Pharmacy imposed a fine, which was paid in a timely manner, and the matter was resolved accordingly.

We deeply regret the oversight and assure you that steps have been taken to prevent such occurrences in the future. We remain committed to upholding the highest standards of safety and compliance within our pharmacy operations.

Thank You,

Jesse Vidrine
Owner

Vidrine Pharmaceutical Group, LLC
Office: 337.436.7217 ♦ Fax: 337.436.7217
404 E. Prien Lake Rd. ♦ Lake Charles, La 70601

October 15th, 2024

Nevada State Board of Pharmacy

Re: Vidrine Pharmaceutical Group LLC d/b/a Boudreaux's New Drug Store

Supplemental Response to question about discipline"

Dear Nevada State Board of Pharmacy,

This letter is being submitted to supplement Vidrine Pharmaceutical Group LLC d/b/a Boudreaux's New Drug Store's ("Pharmacy") answer to the Question about discipline on the "Neveda Board of Pharmacy" pharmacy application. Through this correspondence, the Pharmacy is supplementing its response and notifying the Board of an Agreed Board Order that the Pharmacy recently agreed to with the Texas State Board of Pharmacy ("Texas Board") in August 2024 and a Consent Agreement the Pharmacy agreed to with the Louisiana Board of Pharmacy ("Louisiana Board") in August 2022. Along with this correspondence are complete and accurate copies of the Agreed Board Order between the Pharmacy and the Texas Board and the Consent Agreement between the Pharmacy and the Louisiana Board.

The Pharmacy is also hereby giving notice that the Mississippi Board of Pharmacy ("Mississippi Board") recently denied the Pharmacy's application for a non-resident compounding certificate in Mississippi. We would note that this denial was not based on disciplinary action but instead based on the Mississippi Board's belief that the pharmacy was not currently in compliance with USP 795 and USP 797. However, we believe this was a misunderstanding between the Pharmacy and the Mississippi Board as we believe we are in compliance with these provisions of USP and we are currently working with the Mississippi Board to resolve this matter and the related denial. We look forward to reapplying for the compounding permit or otherwise obtaining the compounding permit in Mississippi in the near future.

By way of further detail regarding the Agreed Board Order in Texas, the Pharmacy recently applied for a non-resident pharmacy license in the State of Texas. After the Pharmacy submitted its non-resident pharmacy application, on August 6, 2024, the Texas Board gave the Pharmacy preliminary notice of its intent to grant the Pharmacy's Texas license. However, as a condition of the Texas Board issuing the Pharmacy's non-resident pharmacy license, the Texas Board stated that it would also issue a reprimand along with the non-resident license. After learning of this and discussing in detail with the Texas Board, the Pharmacy voluntarily agreed to the proposed Agreed Board Order.

As to the basis of the Texas Board's reprimand, the reprimand was issued by the Texas Board based on the Pharmacy's voluntary disclosure in its Texas non-resident pharmacy license application regarding a

prior matter in its home state of Louisiana. Specifically, on August 17, 2022, the Pharmacy and the Louisiana Board agreed to resolve certain allegations made by the Louisiana Board against the

Pharmacy through a voluntary Consent Agreement. To be clear, the reprimand issued by the Texas Board was not based on a new matter but rather a prior matter that was amicably resolved between the Pharmacy and the Louisiana Board and later disclosed by the Pharmacy to the Texas Board when it applied for its Texas non-resident pharmacy license.

The Pharmacy would note that the Pharmacy continues to be a duly licensed pharmacy in good standing with the Louisiana Board including after agreeing to the terms and conditions of the August 17, 2022, Consent Agreement. The Pharmacy makes this supplement and disclosure in good faith and will continue to supplement the record, if necessary and appropriate, by disclosing any further action related to Texas Board Agreed Board Order and the Louisiana Consent Agreement although no further action is contemplated or expected as it is the Pharmacy's understanding in communicating with the Texas Board and the Louisiana Board that these matters has been resolved and are considered closed.

Should you have any questions or require any additional information, please contact me by phone at (337) 499-7760 or by email at jvidrine@bndsrx.com. Thank you.

Respectfully submitted,

_____

Jesse Vidrine

CEO, Vidrine Pharmaceutical Group LLC d/b/a Boudreaux's New Drug Store

Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov

August 18, 2022

Christopher L. Whittington
Williamson, Fontenot, Campbell & Whittington, LLC
P. O. Box 3035 (70821-3035)
955 McClung Street
Baton Rouge, LA 70802

RE:
Case No. 22-0103 ~ PHY.008142 – Vidrine Pharmaceutical Group, LLC *d/b/a* Boudreaux's New Drug Store
Case No. 22-0104 ~ PST.021317 – Kylee Brooke Vidrine

Dear Mr. Whittington:

Please find the attached Board Orders as approved by the Louisiana Board of Pharmacy this week.

Please let me know if you have any questions.

Sincerely,

Carlos M. Finalet, III
General Counsel

NOTICE: In compliance with Act 256 of the 2019 Louisiana Legislature, the Board gives public notice that any information submitted to the Board may become public record unless specifically exempted by the Public Records Law, R.S. 44:1 *et seq.*

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: CONSENT ORDER

VIDRINE PHARMACEUTICAL GROUP, LLC D/B/A BOUDREAUX'S NEW DRUG STORE

LOUISIANA PHARMACY PERMIT NO. 8142 Case No. 22-0103

****

CONSENT AGREEMENT

WHEREAS, an informal conference was conducted by the Violations Committee of the Louisiana Board of Pharmacy (hereinafter referred to as the "Board") on June 8, 2022 at the Board office, 3388 Brentwood Drive, Baton Rouge, LA 70809, in the matter of VIDRINE PHARMACEUTICAL GROUP, LLC D/B/A BOUDREAUX'S NEW DRUG STORE (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 8142, 404 E. Prien Lake Rd., Lake Charles, LA 70601, with Respondent's representative Jesse Vidrine, Pharmacist-in-Charge Kylee Vidrine and attorney Chris Whittington appearing on behalf of Respondent.

WHEREAS, from September 11, 2020 to March 2, 2022, a total of 3,650 prescriptions were dispensed at Boudreaux's New Drug Store that were purportedly sterile products compounded in the non-HD buffer room in a biological safety cabinet that last had a "PASS" result on its Certification Status on June 2, 2020.

WHEREAS, the Board alleges that such actions constitute violations of the following:

La. R.S. 37:1241 (A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

LAC, Title 46: LIII §2535(A)(2)(a): The compounding of sterile preparations pursuant to receipt of a patient-specific prescription shall comply with the provisions of Section 503-A of the FDCA and USP Chapter 797.

To facilitate the submission of this Consent Agreement, Respondent does not contest the allegations and agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

VIDRINE PHARMACEUTICAL GROUP, LLC D/B/A BOUDREAUX'S NEW DRUG STORE is ordered to pay a fine of $25,000.00 and to reimburse the Board $250.00 for administrative costs, and $2,791.01 for investigative costs with total payment due the Board of $28,041.01, due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter, waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing and to judicial review of this Consent Agreement. Moreover, at no time shall Respondent request the expungement, rescission or removal of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to authorize the Board to report this action to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) as required by law.

I, JESSE VIDRINE, authorized to act on behalf of and acting on behalf of **VIDRINE PHARMACEUTICAL GROUP, LLC D/B/A BOUDREAUX'S NEW DRUG STORE,** understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

[*Remainder of page intentionally left blank; signature page to follow.*]

SIGNED, AGREED TO AND ENTERED ON THIS 9th DAY OF June, 2022.

Vidrine Pharmaceutical Group, LLC *d/b/a* Boudreaux's New Drug Store
Louisiana Pharmacy Permit No. 8142

BY: JESSE VIDRINE
Authorized Representative

CHRISTOPHER L. WHITTINGTON
Williamson, Fontenot, Campbell & Whittington, LLC
P. O. Box 3035 (70821-3035)
955 McClung Street
Baton Rouge, LA 70802

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on August 17, 2022, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Marty R. McKay
President & Hearing Officer for the Board

JD BANK
LOUISIANA'S COMMUNITY BANK™

CASHIER'S CHECK

8-555
655

154093

REMITTER Vidrine Pharmaceutical Group

PAY TO THE ORDER OF Louisiana Board of Pharmacy

July 11, 2022

**** *Twenty Eight Thousand Forty One and 01/100*** $ 28,041.01

Authorized Signature

MEMO Case No: 22-0103

⑈154093 ⑈ [redacted] [redacted]

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: CONSENT ORDER

KYLEE BROOKE VIDRINE

PHARMACIST LICENSE NO. 21317 Case No. 22-0104

****

CONSENT AGREEMENT

WHEREAS, an informal conference was conducted by the Violations Committee of the Louisiana Board of Pharmacy (hereinafter referred to as the "Board") on June 8, 2022 at the Board office, 3388 Brentwood Drive, Baton Rouge, LA 70809, KYLEE BROOKE VIDRINE (hereinafter referred to as "Respondent"), holder of PHARMACIST LICENSE NO. 21317, with Respondent and attorney Chris Whittington present.

WHEREAS, from September 11, 2020 to March 2, 2022, a total of 3,650 prescriptions were dispensed at Boudreaux's New Drug Store (PHY.008142) that were purportedly sterile products compounded in the non-HD buffer room in a biological safety cabinet that last had a "PASS" result on its Certification Status on June 2, 2020. Respondent serves as the pharmacy's Pharmacist-in-Charge.

WHEREAS, the Board alleges that such actions constitute violations of the following:

La. R.S. 37:1241 (A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

LAC, Title 46: LIII §2535(A)(2)(a): The compounding of sterile preparations pursuant to receipt of a patient-specific prescription shall comply with the provisions of Section 503-A of the FDCA and USP Chapter 797.

LAC, Title 46: LIII §1105(C): Pharmacist-in-Charge. Authority and Accountability. The pharmacist-in-charge shall be ultimately responsible for complete supervision, management, and compliance with all federal and state pharmacy laws and regulations pertaining to the practice of pharmacy of the entire prescription department. This responsibility necessarily includes accountability for any violation involving federal or state laws or regulations occurring within the prescription department supervised by a pharmacist-in-charge.

To facilitate the submission of this Consent Agreement, Respondent does not offer any defense to the allegations of violations cited above and further agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **PHARMACIST LICENSE NO. 21317 belonging to KYLEE BROOKE VIDRINE is hereby issued a LETTER OF WARNING.**

2. **KYLEE BROOKE VIDRINE is ordered to pay a fine of $2,500.00 and reimburse the Board $250.00 for administrative costs, for a total of $2,750.00 due by *certified check or money order* at the signing of this agreement.**

3. **KYLEE BROOKE VIDRINE shall complete Critical Point's QP503 Certification Program no later than August 17, 2023. Should Respondent fail to complete the program, Respondent agrees that her license be placed on indefinite suspension until passage of the QP503 Certification Program.**

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter, waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing and to judicial review of this Consent Agreement. Moreover, at no time shall Respondent request the expungement, rescission or removal of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon his signing said Order.

I, **KYLEE BROOKE VIDRINE**, understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of my case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

Respondent agrees that Respondent's execution of this Consent Agreement grants the Board the authority to collect any monies owed pursuant to this Consent Agreement and not paid to the Board notwithstanding the Board's acceptance of this Consent Agreement.

Respondent agrees to authorize the Board to report this action to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) as required by law.

SIGNED, AGREED TO AND ENTERED ON 9th DAY OF June, 2022.

KYLEE BROOKE VIDRINE
PHARMACIST LICENSE NO. 21317

CHRISTOPHER L. WHITTINGTON
Williamson, Fontenot, Campbell & Whittington, LLC
P. O. Box 3035 (70821-3035)
955 McClung Street
Baton Rouge, LA 70802

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on August 17, 2022, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Marty R. McKay
President & Hearing Officer for the Board

JD BANK
LOUISIANA'S COMMUNITY BANK™

CASHIER'S CHECK

6-655
588

154092

REMITTER Vidrine Pharmaceutical Group

PAY TO THE ORDER OF Louisiana Board of Pharmacy

July 11, 2022

**** *Two Thousand Seven Hundred Fifty and 00/100**** $ 2,750.00

Authorized Signature

MEMO Case No. 22-0104

⑈154092⑈ [redacted] [redacted]

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Boudreaux's New Drug Store

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): PHY-008142.IR

Physical Address: 404 E. Prien Lake Rd

City: Lake Charles State: LA Zip: 70601

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (337) 436-7216 Website: https://boudreauxsnewdrug.com/

Licensing Company Email: jvidrine@bndsrx.com

Section 2: Personal Information

First: Kylee Middle: Brooke Last: Vidrine1

Alias(es, nicknames, name changes, etc.)

[redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Houston College of Pharmacy		(09/09-05/13)	
Address	**City**	**State**	**Zip**
4302 University Dr	Houston	TX	77004
Diploma/Degree obtained, if any			
Doctorate in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Texas A&M University		(05/03-12/07)	
Address	**City**	**State**	**Zip**
400 Bizzell St	College Station	TX	77840
Diploma/Degree obtained, if any			
Bachelors in Biology			

School Name		From - To (MM/YY – MM/YY)	
Kingwood High School		(05/99-05/03)	
Address	**City**	**State**	**Zip**
2701 Kingwood Dr	Kingwood	TX	77339
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
(05/21-present)	[redacted]			
(05/05-05/21)				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Boudreaux's New Drug Store			(02/20-present)	
Business Address		**City**	**State**	**Zip**
404 E. Prien Lake Rd		Lake Charles	LA	70601
Phone	**Title**			
(337) 436-7216	PIC			
Description of Duties				
Pharmacist in Charge, record keeping, employee management				

Business Name			From - To (MM/YY – MM/YY)	
Kroger			(06/13-01/20)	
Business Address		**City**	**State**	**Zip**
1600 N 16th St		Orange	TX	77630
Phone	**Title**			
(409) 883-8521	PIC			
Description of Duties				
Pharmacist in Charge, record keeping, employee management				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?	✓	
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6&7 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

please see attached documents

Original Signature (electronic, copies or stamps not accepted)

10/21/2024
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kylee Vidrine

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/21/2024

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/21/2024

Date

Subscribed and Sworn to before me this 21 day of October, 2024

Diana G. Andersen

Notary Public Signature

DIANA G. ANDERSEN
Notary Public
State of Louisiana
Calcasieu Parish
Notary ID # 1375
My Commission is for Life
(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Vidrine Pharmaceutical Group, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) N/A

Physical Address 404 E Prien Lake Rd

City Lake Charles State LA Zip 70601

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 337-436-7216 Website BNDSRX.COM

Licensing Company Email Jvidrine@bndsrx.com

Section 2: Personal Information

First Jesse Middle Brett Last Vidrine

Alias(es, nicknames, name changes, etc.) _____

[redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.179)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed)

School Name: McNeese State University			From - To (MM/YY – MM/YY): 04/04 – 09/12	
Address: 4205 Ryan St.	City: Lake Charles	State: La	Zip: 70605	
Diploma/Degree obtained, if any: Bachelor of Business Administration in Finance				
School Name: Elizabeth High School			From - To (MM/YY – MM/YY): 04/00 - 03/04	
Address: 440 Live Oak	City: Elizabeth	State: LA	Zip: 70638	
Diploma/Degree obtained, if any: Yes, High School Diploma				
School Name:			From - To (MM/YY – MM/YY):	
Address:	City:	State:	Zip:	
Diploma/Degree obtained, if any:				
School Name:			From - To (MM/YY – MM/YY):	
Address:	City:	State:	Zip:	
Diploma/Degree obtained, if any:				
School Name:			From - To (MM/YY – MM/YY):	
Address:	City:	State:	Zip:	
Diploma/Degree obtained, if any:				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	[redacted]			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Vidrine pharmaceutical Group LLC		From - To (MM/YY – MM/YY)	
Business Address: 404 E Prien Lake Rd.	City: Lake Charles	State: LA	Zip: 70601
Phone: (337) 430-7210	Title: OWNER. President		
Description of Duties: Management Sales + Finance teams.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jesse Vidrine

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/7/25

Date

Please have this section completed in the presence of a Notary Public.

State of Louisiana, ss. County of Calcasieu

I, Jesse Vidrine, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

7/7/25

Date

Subscribed and Sworn to before me this 7 day of July, 2025.

Notary Public Signature

DIANA G. ANDERSEN
Notary Public
State of Louisiana
Calcasieu Parish
Notary ID # 1375
My Commission is for Life

(Seal)

The National Association of Boards of Pharmacy (NABP) developed this inspection form for sole use by NABP and its member boards of pharmacy for inspection of facilities licensed by a member board. Disclosure of the form to or use of the form by a third party, other than a facility being inspected by NABP or a member board, is strictly prohibited without NABP's prior written permission or unless required by state law.

National Association of Boards of Pharmacy®
Universal Inspection Form

Pharmacy e-Profile ID: if available			**Inspection Information**
Legal Business Name:		**Day 1:**	8/24/2023 (USP 795)
Doing Business As (DBA):	Boudreaux's New Drug Store	**Start Time: 24-hour format (13:00)**	9:30
Address:	404 E. Prien Lake Rd.	**End Time: 24-hour format (13:00)**	12:00
City:	Lake Charles	**Day 2:**	8/29/2023 (USP 797)
State:	LA	**Start Time: 24-hour format (13:00)**	9:00
Zip Code:	70601-8507	**End Time: 24-hour format (13:00)**	
Telephone number:	(337)436-7216	**Inspector Name:**	Huey Savoie, Compliance Officer
Toll free number:		**Inspection Performed by (NABP, State, etc):**	La. Board of Pharmacy
Fax number:	(337) 436-7217	**Observer Name/Affiliation (if applicable):**	Cary Aaron, Compliance Officer, La. Board of Pharmacy (8/29/2023 - USP 797)
Website:		**Observer Name/Affiliation (if applicable):**	

Pharmacy Hours of Operation	**Check if 24/7** ☐		
	Open		**Closed**
	Start Time: (24-hour format)	**End Time: (24-hour format)**	**(X)**
Sunday			X
Monday	8:30	17:30	
Tuesday	8:30	17:30	
Wednesday	8:30	17:30	
Thursday	8:30	17:30	
Friday	8:30	17:30	
Saturday			X

Key Pharmacy Personnel	**Name**	**Contact (e-mail)**	**e-Profile ID**
Pharmacist in Charge	Kylee B. Vidrine, PST.021317	kvidrine@bndsrx.com	
Nonsterile Compounding Supervisor	Ashley A. Wainwright, CPT.010999		
Sterile Compounding Supervisor	Ashley A. Wainwright, CPT.010999		
Hazardous Compounding Supervisor			

Personnel Present at Time of Inspection	**Name**	**Title**	**License or registration available and current (Y/N)**
1	Kylee B. Vidrine, PST.021317		

2	Ashley A. Wainwright, CPT.010999		
3			
4			

If more than 10, list the first 10 above, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present.

Business Licensure Information for State of Residence and Federal
(board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
La. Board of Pharmacy	Boudreaux's New Drug Store	PHY.008142-IR	12/31/2023
La. Board of Pharmacy	Boudreaux's New Drug Store	CDS.058480-PHY	12/31/2023
La. Board of Pharmacy	Boudreaux's New Drug Store	CSP.000095-PHY	12/31/2023
Drug Enforcement Administration	Boudreaux's New Drug Store	FV9694666	5/31/2026

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail	X	Telepharmacy	
Open to the Public	X	Central Fill/Processing/Shared Services	
Closed Door		Specialty Pharmacy	
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)		Manufacturer	
Veterinary Pharmacy		Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	X

HMO/PBM only		Nonsterile Hazardous Drug Compounding	X
Internet Pharmacy (New Rx)		Sterile Compounding	X
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	

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Universal Inspection Form

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Nonsterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: dba Boudreaux's New Drug Store

Inspection Date: 8/24/2023 (USP 795) - 8/29/2023 (USP 797)

		Finding	Notes
	General Operations and Information		
1.00	Does the pharmacy **dispense** nonsterile compounded preparations pursuant to a prescription?	Yes	
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	Yes	
1.02	Do the compounded prescriptions produce a significant difference from a commercially available drug that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner?	Yes	
1.03	Are nonsterile compounded prescriptions picked up at the pharmacy?	Yes	
1.04	Are nonsterile compounded prescriptions delivered to patients in their homes or residential facilities?	Yes	
1.05	Are nonsterile compounded prescriptions mailed to patients in their homes or residential facilities?	Yes	
1.06	Are nonsterile compounded prescriptions delivered to the practitioner for administration to the patient in the office, clinic, or facility?	Yes	
1.07	Are nonsterile compounded prescriptions mailed to the practitioner for administration to the patient in the office, clinic, or facility?	Yes	
2.00	Does the pharmacy **distribute** nonsterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	No	
2.01	Does the pharmacy distribute nonsterile compounded preparations to practitioners for office use?	No	
2.02	Does the pharmacy distribute nonsterile compounded preparations to hospitals, clinics, or surgery centers?	No	
2.03	Does the pharmacy have a sales force that promotes compounded preparations? *List compounds promoted.*	No	
2.04	Does the pharmacy distribute non-patient specific compounded preparations for promotional purposes? *List compounds provided.*	No	
2.05	If yes, does the sales force hand-deliver these compounds? *List compounds provided.*	N/A	
2.06	If yes, are any of these controlled substances? *List compounds provided.*	N/A	
3.00	Does the pharmacy provide nonsterile compounded preparations to other pharmacies for dispensing?	No	
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations? *Provide List.*	N/A	
4.00	Does the pharmacy compound oral preparations (tablets, capsules, liquids, lozenges, etc.)? *Provide List.*	Yes	Capsules, liquids, lozenges, troches, lollipops
5.00	Does the pharmacy compound topicals (gels, creams, ointments, inserts, suppositories, patches, sprays including nasal sprays, etc.)? *Provide List.*	Yes	Gels, creams, ointments, inserts, suppositories, sprays
6.00	Does the pharmacy compound vitamin or nutritional supplements? *Provide List.*	No	
7.00	Does the pharmacy sell any compounds over-the-counter? *Provide list.*	No	
8.00	Does the pharmacy compound investigational drugs? *Provide List.*	No	

9.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate volume or percent compounded currently.*	Yes	
9.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	Yes	
9.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	Yes	Staff checks multiple sources to verify current status of product in question
10.00	Does the pharmacy perform compounding identified as **simple?** *Indicate percentage of simple compounding.* 1. Making a preparation that has a USP compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability data for that formulation with appropriate beyond-use dates (BUD)s. 2. Reconstituting or manipulating commercial products that may require the addition of one or more ingredients as directed by the manufacturer. *Examples include Captopril Oral Solution, Indomethacin Topical precautions. Gel, and Potassium Bromide Oral Solution (Veterinary).*	Yes	~ 15%
11.00	Does the pharmacy perform compounding identified as **moderate?** *Indicate percentage of moderate compounding.* 1. Making a preparation that requires special calculations or procedures (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units. 2. Making a preparation for which stability data for that specific formula is not available. *Examples include Morphine Sulfate Suppositories, diphenhydramine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known.*	Yes	~ 35%
12.00	Does the pharmacy perform compounding identified as **complex**? *Indicate percentage of complex compounding.* Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. *Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects.*	No	
13.00	Does the pharmacy perform compounding with **hazardous drugs**? *Indicate percentage of compounding with hazardous drugs.* NIOSH list of hazardous drugs including chemotherapy, hormones, etc.	Yes	~ 50%
13.01	Is the pharmacy aware of the more stringent requirements of the proposed USP Chapter <800>?	Yes	
14.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	
15.00	Does the pharmacy compound using any **controlled substances**? *Indicate percentage of controlled substance nonsterile compounding.*	Yes	~ 20%; Testosterone, ketamine, phentermine
16.00	**APIs:** Does the pharmacy make any nonsterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	Yes	
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *Indicate the source of APIs.*	Yes	PCCA, Letco, Medisca, Spectrum
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified.*	Yes	Permit requests information from suppliers

16.03	Does the pharmacy use active ingredients that are not from an FDA-registered facility? *If so, indicate sources.*	No	
16.04	Does the computer track on-hand quantities of APIs used for compounding? *If not, explain.*	Yes	
17.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	No	
18.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed.*	Yes	
19.00	Does the pharmacy use scales/balances for nonsterile compounding?	Yes	
19.01	If so, what type of scale/balanced is used? *List manufacturer and model number*		OHAUS Explorer
19.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency*	Yes	Calibrated daily
19.03	Describe the pharmacist checks for the measurement of each ingredient		
20.00	**Quality Assurance/Quality Improvement:** Does the pharmacy continuous quality improvement program include nonsterile compounding measures? **Note: If the facility indicates "yes", please ask each question below to verify.**	Yes	
20.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
20.02	Does the pharmacy continuous quality improvement program include personnel testing and verification?	Yes	
20.03	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	Yes	
20.04	Does the pharmacy continuous quality improvement program include end product testing (such as: pH, weight, potency, particulates, consistency, etc.)?	Yes	
20.05	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding nonsterile compounded products?	Yes	
20.06	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Yes	
20.07	Does the recall system include communication with both the patient and the physician/prescriber regarding the affected nonsterile compounded preparation?	Yes	
20.08	Are QREs involving nonsterile compounded preparations or are recalled by the pharmacy reported to the Board of Pharmacy?	Yes	Depending on severity of event
	Component Selection and Use		
	Total Non-Compliant (Includes Unknowns)	**0**	

21.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	Compliant	
21.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.* NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before using to compound.	Compliant	Available online
21.02	USP- or NF-grade substances used, if available	Compliant	
21.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	N/A	
21.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels.*	Compliant	
21.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding	Compliant	Marked for "Veterinary Use Only"
21.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Compliant	
21.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned does not exceed three (3) years for ingredients used for non-sterile compounding and does not exceed one (1) year for ingredients used for sterile compounding. *Note: purity and quality testing may be performed to extend.*	Compliant	
21.08	All APIs and components received without an expiration date are labeled with the date they were received.	Compliant	
21.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	Compliant	
21.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	Compliant	Stored in segregated area
22.00	Where water is an ingredient, purified or distilled water is used.	Compliant	Permit uses purified or sterile water
23.00	Ingredients used for dietary or nutritional supplements meet USP, Food Chemicals Codex (FCC), or NF standards, or the pharmacy has alternate means to determine if the ingredients meet food-grade quality.	N/A	
24.00	Pharmacy confirms that there are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	Compliant	
25.00	When manufactured products are used for compounding, all the other excipients in the product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	Compliant	
26.00	For animal compounding: The compounding meets the same standards as compounding for human patients.	Compliant	
26.01	The pharmacist is knowledgeable or has references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	Compliant	

26.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	N/A	
26.03	The pharmacist familiar with, or has a reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	
26.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	
26.05	The pharmacist is familiar with, or has a reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	N/A	
	Beyond Use Dating (BUD)		
	Total Non-Compliant (Includes Unknowns)	**0**	
27.00	BUDs are assigned from the day of preparation.	Compliant	
28.00	BUDs are assigned based on dispensing in tight, light-resistant containers/overpacks.	Compliant	
29.00	Extended BUDs are supported by testing data. *View documentation used, preparation must exactly match formulation upon which data was obtained.*	Compliant	
29.01	Extended BUDs are assigned and the facility has performed its own stability testing. *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc.*	N/A	
30.00	BUDs for nonaqueous formulations are not later than the remaining time until the earliest expiration date of any API and not later than six (6) months.	Compliant	
31.00	BUDs for water-containing oral formulations are not later than 14 days when stored at controlled cold temperatures (refrigerated).	Compliant	
32.00	BUDs for water-containing topical/dermal and mucosal liquid and semisolid formulations not later than 30 days.	Compliant	
	Environment		
	Total Non-Compliant (Includes Unknowns)	**2**	
33.00	The non-sterile compounding area is a controlled environment and separate from the general pharmacy.	Compliant	
34.00	There sufficient space available for the type and amount of compounding performed and the space is orderly to prevent mix-ups between ingredients, containers, labels, in-process materials, and finished preparations.	Compliant	
35.00	Only one preparation compounded at a time.	Compliant	
36.00	Procedures are implemented to prevent cross-contamination, especially when compounding with drugs such as hazardous drugs and known allergens like penicillin that require special precautions.	Compliant	
37.00	The compounding area is well lit.	Compliant	
38.00	The pharmacy performs **hazardous** non-sterile compounding in a ventilated cabinet such as a BSC, CAI, or CACI. *Note: CAI may not be used for hazardous drugs that may volatilize.(NIOSH requirement referenced in USP<795>. Note that proposed USP Chapter <800> will change hazardous drug compounding requirements.)*	Unknown	Action plan in place to ventilate CACI and cabinets as per USP 800 revisions
38.01	Ventilated cabinets (BSC, CAI, CACI) used for hazardous compounding are certified or tested periodically.	Unknown	Action plan in place to ventilate CACI and cabinets as per USP 800 revisions
38.02	If the hoods or isolators are not located in a closed, controlled room environment, there is documentation from the manufacturer and site testing to verify proper functioning of equipment under dynamic conditions for the safety of personnel.	N/A	
39.00	Appropriate protective attire (gowns, gloves, masks, etc.) is available.	Compliant	
39.01	If hazardous drugs are used, appropriate protective attire is available (gowns, gloves, hair and shoe covers, eye and face protection, etc.).	Compliant	
40.00	There is a sink in the compounding area with hot and cold potable water, soap or detergent, and air-driers or single-use towels.	Compliant	

41.00	There is adequate space to wash equipment and utensils including access to water for rinsing. *(Purified water is **recommended** - not required)*	Compliant	
42.00	The temperature of the compounding area is controlled by a thermostat and an air conditioning system is in place.	Compliant	
43.00	**Temperature** in the compounding area is maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Compliant	
43.01	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	
43.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
43.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas) and maintained within 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Compliant	
43.04	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	
43.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.00	**Humidity** in the compounding area is maintained to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally **recommended** range is 35-60%.	Compliant	
44.01	Humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
44.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.03	Humidity monitoring is also performed in **drug storage areas** (if separate from the compounding areas) to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally recommended range is 35-60%.	Compliant	
44.04	Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
44.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
45.00	The bulk component storage area is adequately arranged and maintained in a clean and sanitary condition.	Compliant	
46.00	All components, equipment, and containers are stored off the floor, and handled and stored to prevent contamination.	Compliant	
47.00	All components and packaging containers and closures are properly rotated to use oldest first.	Compliant	
48.00	Hazardous drugs are appropriately identified and marked, received, handled and stored by appropriately trained personnel. (OSHA regulations and NIOSH Alerts)	Compliant	
49.00	Trash is disposed of in a safe, sanitary, and timely manner.	Compliant	
49.01	Hazardous waste is disposed of in a safe, sanitary, and timely manner.	Compliant	
	Training *-Verify records of all compounding personnel (up to 10).*		
	Total Non-Compliant (Includes Unknowns)	**0**	

50.00	Have all personnel of reproductive capability who handle or compound hazardous drugs or chemicals confirmed in writing that they understand the risks of handling hazardous drugs? Teratogenicity, carcinogenicity, reproductive issues.	Compliant	
51.00	There is documentation that all personnel that perform compounding are appropriately trained including policies and procedures, documentation, hazardous drug handling, and compounding technique and not allowed to compound or supervise compounding until training is successfully completed.	Compliant	
52.00	There is documentation that the training process for the preparation of compounds includes demonstration of the compounding procedure first, followed by the trainee performing the procedure under supervision successfully before being allowed to perform compounding.	Compliant	
53.00	There is documentation that training includes the operation of any equipment that may be used when preparing compounded products. *Documentation includes operation and troubleshooting.*	Compliant	
54.00	There is documentation available showing employees performing non-sterile compounding are evaluated at least annually.	Compliant	
54.01	If performing hazardous nonsterile compounding, there is documentation available showing employees are evaluated at least annually.	Compliant	
55.00	If the pharmacy uses relief personnel from outside agencies to perform non-sterile compounding there is documentation that training is verified.	N/A	
	Compounding Equipment		
	Total Non-Compliant (Includes Unknowns)	**0**	
56.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (including capsule machines, autoclaves, ovens, etc.) are periodically inspected and calibrated.*	Compliant	
57.00	Scales, balances, or other types of equipment used for measurement shall be routinely inspected, calibrated as necessary (per manufacturer instructions), and checked to ensure proper performance. *Describe procedure used.*	Compliant	
58.00	Powder hoods used for nonsterile compounding are certified or tested periodically to ensure proper function.	Compliant	Most recent certification performed on 12/2/2022
58.01	Hood filters are checked regularly and replaced when necessary.	Compliant	
59.00	All equipment is cleaned promptly after each use. *Equipment and utensils washed using potable water with a soap or detergent, and rinsed.* ***Recommended*** *rinsed with purified water.*	Compliant	
60.00	The pharmacy uses separate equipment and utensils to compound allergenic, cytotoxic, or hazardous products, or has detailed procedures for meticulous cleaning of equipment and utensils immediately after use to prevent cross-contamination or exposure.	Compliant	
	Documentation		
	Total Non-Compliant (Includes Unknowns)	**0**	
61.00	The pharmacy creates a master formulation record the first time before compounding a new preparation	Compliant	
61.01	Every formulation is evaluated for incompatibilities and the potential for being ineffective or toxic.	Compliant	
61.02	The **master formulation record** includes:		
61.03	Official or assigned name, strength, and dosage form	Compliant	
61.04	All necessary calculations	Compliant	

61.05	Description of all ingredients and their quantities	Compliant	
61.06	Compatibility and stability information including references (when available)	Compliant	
61.07	Equipment used for the preparation	Compliant	
61.08	Mixing instructions (order of mixing, temperatures, duration of mixing, and other pertinent factors)	Compliant	
61.09	Container used and packaging requirements	Compliant	
61.10	Assigned BUD information	Compliant	
61.11	Labeling information including the name of and quantity or concentration of each active ingredient	Compliant	
61.12	Description of the finished preparation	Compliant	
61.13	Storage requirements	Compliant	
61.14	Quality control procedures and expected results (e.g. dose measurement of capsule in the dose calibrator).	Compliant	
62.00	The pharmacy creates a compounding record for each compound prepared	Compliant	
62.01	The **compounding record** includes:		
62.02	Official or assigned name, strength and dosage of the preparation	Compliant	
62.03	Master Formulation Record reference	Compliant	
62.04	Sources, lot numbers, and expiration dates of all components	Compliant	
62.05	Total quantity or number of dosage units compounded	Compliant	
62.06	Person compounding the preparation	Compliant	
62.07	Person performing the quality control procedures	Compliant	
62.08	Person who approved the preparation	Compliant	
62.09	Date of compounding	Compliant	
62.10	Assigned internal identification number or prescription number	Compliant	
62.11	Description of the final preparation	Compliant	
62.12	Assigned BUD	Compliant	
62.13	Duplicate label	Compliant	
62.14	Results of quality control procedures (weight range of filled capsules, pH of aqueous liquids, etc.)?	Compliant	
62.15	Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver including investigation and recall, if appropriate	Compliant	

Compounding Procedures

	Total Non-Compliant (Includes Unknowns)	**0**	
63.00	The Master Formulation Record and the Compounding Record has been reviewed by the compounder to ensure it is error free.	Compliant	
64.00	Compounding personnel ascertain that ingredients for compounded preparations are of the correct identity and appropriate quality including a unit-by-unit inspection of the components.	Compliant	
65.00	The containers and closures selected meet USP standards (from container supplier).	Compliant	
66.00	Container selection determined by physical and chemical properties of the preparation.	Compliant	
67.00	Compounding personnel maintain good hand hygiene and wear clean and appropriate clothing for the compounding being performed.	Compliant	
68.00	Personnel don appropriate protective garb when performing compounding.	Compliant	
68.01	If hazardous compounding, personnel don appropriate protective garb when compounding.	Compliant	

69.00	Routine compounding procedures for batch preparation completed and verified according to written procedures. Including: *Calculations correct, weighing and measuring performed correctly, order of mixing correct, compounding techniques performed correctly*	Compliant	
70.00	Procedures for in-process checks followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists that includes visual inspection of product, and documentation of the compounding accuracy is performed to ensure proper measurement, reconstitution and component usage.* ***Recommended:*** *compounding accuracy checked by a person other than the compounder.*	Compliant	
71.00	There are no deviations from the master formulation record, unless they are approved and deemed appropriate by a pharmacist and a new master formulation record is created.	Compliant	
72.00	There is a procedure for cleaning which is followed. *After each preparation, daily tasks, monthly tasks, etc.*	Compliant	
73.00	Personnel are appropriately garbed for protection when cleaning.	Compliant	
74.00	Compounding employees are using appropriate techniques. *Inspector to observe compounding procedures, documentation, appropriate garb, cleanliness of compounding area and equipment.* ***Compounding MUST be observed****, if compounding is not being performed at the time of survey, mark as "Non-Compliant".*	Compliant	
74.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "* ***Denial of Authorization*** *" form. List individual who signs the Denial of Authorization*		
	Finished Preparation Release Checks and Tests		
	Total Non-Compliant (Includes Unknowns)	**0**	
75.00	The finished preparation is observed to appear as expected in the master formulation record and documented.	Compliant	
76.00	As appropriate, the final completed preparation assessed for quality control and is documented, such as weight, mixing, clarity, odor, color, consistency, pH, and strength.	Compliant	
77.00	There are established written processes that describe test or examinations conducted on the compounded preparation (degree of weight variation in capsules, for example) to ensure uniformity and integrity.	Compliant	
78.00	Preparations with extended BUDs that are not supported by testing data are sampled and tested for physical, chemical, and microbiological characteristics.	N/A	
78.01	If any failed tests or discrepancies are observed, there is an investigation and appropriate corrective actions taken before dispensing to patient	Compliant	
78.02	If products being tested are dispensed or distributed before the test results are obtained, there is a recall procedure if the test results indicate an issue.	N/A	
79.00	There are appropriate quality control procedures to monitor the output and to verify the performance of compounding processes and equipment that may be responsible for causing variability in the final compounded preparations. *Review validation of equipment and personnel performance documentation.*	Compliant	
80.00	Labels on immediate patient-specific containers include identifiers for the persons preparing the compound and performing the final verification, BUD, an indication that this is a compounded preparation, special requirements for storage, and appropriate packaging and labeling of hazardous materials.	Compliant	
80.01	Labeling contains generic name and quantity or concentration of each active ingredient.	Compliant	
80.02	Labeling contains assigned BUD.	Compliant	
80.03	Labeling contains storage and handling information.	Compliant	

80.04	If hazardous, labeling contains storage and handling information.	Compliant	
80.05	Labeling contains prescription or control number, whichever is applicable.	Compliant	
81.00	Batch preparations (in anticipation of prescriptions) are of an appropriate volume and batch products in stock are all within their BUD (not outdated).	Compliant	
82.00	Labels on batch preparations include the name and quantity of all contents, date and time of preparation (or internal code/lot number indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	Compliant	
83.00	Preparations are stored and secured properly prior to dispensing based upon conditions upon which BUD was assigned.	Compliant	
84.00	Preparations are examined immediately after preparation **AND** again immediately prior to dispensing for any signs of instability.	Compliant	
	Patient Counseling and Communication		
	Total Non-Compliant (Includes Unknowns)	**0**	
85.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of products such as fentanyl, hormones and chemotherapy medications?	Compliant	
86.00	Are the required printed drug information materials (drug information sheets, Patient Package Inserts, MedGuides, etc.) provided for the compounded products?	Compliant	
87.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	
88.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated compounded product are notified of the potential risk.	Compliant	

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

National Association of Boards of Pharmacy®
Universal Inspection Form

The National Association of Boards of Pharmacy (NABP) developed this inspection form for sole use by NABP and its member boards of pharmacy for inspection of facilities licensed by a member board. Disclosure of the form to or use of the form by a third party, other than a facility being inspected by NABP or a member board, is strictly prohibited without NABP's prior written permission or unless required by state law.

Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: dba Boudreaux's New Drug Store
Inspection Date: 8/24/2023 (USP 795) - 8/29/2023 (USP 797)

		Finding	Notes
	Indicate the drug name, dosage or strength, and the size of the sample obtained for testing. (*NA if no sample)*		N/A
	Indicate the areas/rooms of the pharmacy entered to perform the inspection. *If the inspector did not fully garb and enter buffer room(s), indicate reason.*		Entered ante room to view buffer and hazardous rooms
	General Operations Information		
1.00	Does the pharmacy **dispense** sterile compounded preparations pursuant to a prescription?	Yes	
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	Yes	
1.02	Are sterile compounded prescriptions picked up at the pharmacy?	Yes	
1.03	Are sterile compounded prescriptions delivered/mailed to patients in their homes or residential facilities?	Yes	
1.04	Are sterile compounded prescriptions delivered/mailed to the practitioner for administration to the patient in the office, clinic, or facility?	Yes	
2.00	Does the pharmacy **distribute** sterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	No	
2.01	Does the pharmacy distribute sterile compounded preparations to practitioners for office use?	No	
2.02	Does the pharmacy distribute sterile compounded preparations to hospitals, clinics, or surgery centers?	No	
2.03	Is the pharmacy registered with the FDA as an Outsourcing Facility?	No	
2.04	Does the pharmacy have a sales force that distributes samples containing active ingredients? *List samples provided.*	No	
3.00	Does the pharmacy provide sterile compounded preparations to other pharmacies for dispensing?	No	
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations?	N/A	
4.00	Which of the following sterile compounds are prepared?		
4.01	Allergen extracts	No	
4.02	Parenteral solutions	Yes	
4.03	Parenteral *suspensions*	No	
4.04	Preservative-free parenterals	Yes	
4.05	Ophthalmic preparations	Yes	Autologous eye drops
4.06	Oral or nasal *inhalation* preparations (not topical sprays)	Yes	
4.07	Baths and soaks for live organs and tissues	No	
4.08	Irrigations for wounds and body cavities	Yes	
4.09	Any other sterile preparations (implants, pellets, etc.). *Provide list.*	No	
5.00	Does the pharmacy compound investigational drugs? *Provide list.*	No	

6.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate name and volume/percent compounded currently.*	No	
6.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	N/A	
6.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	N/A	
7.00	Does the pharmacy perform **low-risk** compounding? *Indicate percentage of low-risk sterile compounding.*	Yes	~ 30%
7.01	Are all low-risk compounds assigned BUDs within USP guidelines (48 hours at controlled room temperature, 14 days refrigerated, 45 days frozen)?	Yes	
7.02	If low risk, are the compounds located in segregated area are BUD 12 hours or less?	N/A	
7.03	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		
7.04	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	N/A	
8.00	Does the pharmacy perform **medium-risk** compounding? *Indicate percentage of medium-risk sterile compounding.*	No	~ 30%
8.01	Are all medium-risk compounds assigned BUDs within USP guidelines (30 hours at controlled room temperature, 9 days refrigerated, 45 days frozen)?	N/A	
8.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		
8.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	N/A	
9.00	Does the pharmacy perform **high-risk** compounding? *Indicate percentage of high-risk sterile compounding.*	Yes	~ 40%
9.01	Are all high-risk compounds assigned BUDs within USP guidelines (24 hours at controlled room temperature, 3 days refrigerated, 45 days frozen)?	Yes	
9.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		
9.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	No	
10.00	Does the pharmacy provide sterile compounded preparations to be administered via an implantable infusion pump?	No	
11.00	Does the pharmacy perform compounding for **immediate use?** *Indicate percentage of immediate use sterile compounding.*	No	
12.00	Does the pharmacy perform compounding with **hazardous drugs**? *Indicate percentage of hazardous sterile compounding.* *NIOSH list of hazardous drugs including chemotherapy, hormones, etc.*	Yes	~ 20%
12.01	Does pharmacy have a plan to comply with USP Chapter <800> by the implentation date? Describe plan.	Yes	
12.02	Are hazardous drugs segregated and stored in a room that is negative pressure (at least -0.01" wc) to adjacent areas and with at least 12 ACPH?	N/A	

12.03	Is hazardous drug waste quarantined in a designated area and disposed of in compliance with local, state, and federal regulations?	N/A	
13.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	
14.00	Does the pharmacy perform compounding using **blood products** (or other biological materials)? Such as wound care, autologous eye drops, etc. *Describe.*	Yes	Autologous eye drops
15.00	Does the pharmacy compound using any Federally **controlled substances I-V**? *Indicate controlled substances used and percentage of controlled substance sterile compounding.*	Yes	Testosterone; ~ 20%
16.00	**APIs:** Does the pharmacy make any sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	Yes	
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *If not, indicate the source of APIs*	Yes	
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified*	Yes	Permit requests information from suppliers
16.03	Does the pharmacy use active ingredients that are not from an FDA facility? *If so, indicate sources.*	No	
16.04	Does the computer track on-hand quantities of APIs used for compounding?	Yes	
17.00	Does the pharmacy use scales/balances for sterile compounding?	Yes	
17.01	If so, what type of scale/balanced is used? *List manufacturer and model number.*		OHAUS Explorer & OHAUS Adventurer Pro
17.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency.*	Yes	Calibrated daily & between formulations
18.00	Does the pharmacy have a **lyophilizer**?	No	
18.01	Where is the lyophilizer located? *Indicate location and ISO class of room.*		
18.02	Note the products lyophilized, and the volume or percent of products per week produced using the lyophilizer.		
18.03	Is the lyophilizer part of the viable air and surface sampling, media fill testing procedures, and cleaning schedules and procedures?	N/A	
19.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	No	
20.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed*	Yes	Aerobiology Laboratory - viable air & surface sampling
21.00	**Quality Assurance/Quality Improvement**: Does the pharmacy continuous quality improvement program include sterile compounding measures? ***Note: If the facility indicates "yes", please ask each question below to verify.***	Yes	
21.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
21.02	Does the pharmacy continuous quality improvement program include nonviable environmental monitoring and testing?	Yes	
21.03	Does the pharmacy continuous quality improvement program include viable environmental testing?	Yes	
21.04	Does the pharmacy continuous quality improvement program include personnel testing and verification?	Yes	
21.05	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	Yes	

21.06	Does the pharmacy continuous quality improvement program include sterilization method testing and validation?	Yes	
21.07	Does the pharmacy continuous quality improvement program include end product testing (such as: potency, particulates, sterility, endotoxin, etc.)?	Yes	
21.08	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding CSPs?	Yes	
21.09	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Yes	
21.10	Does the recall system include communication with both the patient and the physician/prescriber regarding the potentially contaminated CSP administered and the potential risks?	Yes	
21.11	Are QREs involving CSPs that may have been contaminated or are recalled reported to the appropriate agency such as the Board of Pharmacy and/or FDA.	Yes	Depending on severity of event
21.12	Are all CFUs detected by any personnel, environmental, or product testing; or any other checks or tests including endotoxin, purity, potency, etc. remediated, appropriately investigated, cause determined, and processes implemented to prevent in the future, where applicable? *Review QA trends.*	Yes	
	Component Selection and Use		
	Total Non-Compliant (Includes Unknowns)	**0**	
22.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	Compliant	
22.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products*. NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before being used for compounding.	Compliant	
22.02	USP- or NF-grade substances used, if available.	Compliant	
22.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	N/A	
22.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels*	Compliant	
22.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding.	Compliant	
22.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Compliant	
22.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned is not greater than one (1) year, unless it is supported with data and/or testing. *Note: purity and quality testing may be performed to extend.*	Compliant	
22.08	All APIs are labeled with the date they were received.	Compliant	

22.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	Compliant	
22.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	Compliant	
23.00	There are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	Compliant	
24.00	When manufactured products are used for compounding, all the other excipients (in addition to the active ingredient) in the manufactured product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	Compliant	
25.00	For **animal compounding**, does the compounding meet the same standards as compounding for human patients?	Compliant	
25.01	The pharmacist is knowledgeable or has the most up-to-date references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	Compliant	
25.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	N/A	
25.03	The pharmacist familiar with, or has the most up-to-date reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	
25.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	
25.05	The pharmacist is familiar with, or has the most up-to-date reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	N/A	
26.00	If the pharmacy compounds **stock solutions** or components (that are then used to compound a finished product) using APIs, these stock solutions are categorized as high-risk compounding.	Compliant	
26.01	The stock solutions are assigned BUD based on the USP<797> high-risk compound BUD, OR are assigned on the basis of direct testing or extrapolation from reliable literature sources to support an extended BUD.	Compliant	
26.02	Compounded preparations using the stock solution are classified as high-risk compounds with appropriate handling with regard to BUD and testing requirements.	Compliant	
	Environment		
	Total Non-Compliant (Includes Unknowns)	**1**	
27.00	If the facility performs both sterile and nonsterile compounding, the areas are separated and distinct.	Compliant	
28.00	If the facility performs compounding using blood products (or other biological materials), this compounding area is separate and distinct from the general compounding areas.	Compliant	Autologous eye drops compounded in negative pressure room
28.01	Are components used in compounding with blood products restricted to the blood compounding area (not used in other compounding areas)?	Compliant	
29.00	Entry into the sterile compounding areas is limited to task critical employees (limited to only the pharmacist(s) and other trained and authorized pharmacy personnel).	Compliant	
30.00	The anteroom has a line of demarcation or other separation of the dirty to the clean side. Note: the line of demarcation may NOT be the doorway between the anteroom and the clean/buffer room.	Compliant	
30.01	Carts used to bring supplies from the storeroom are kept on the outside of the line of demarcation.	N/A	
30.02	Carts used in the clean/buffer room are kept on the clean side of the line of demarcation.	N/A	

31.00	All surfaces of the sterile product compounding area carts, shelves, stools, chairs, and other items are resistant to disinfectants, non-permeable, non-carpeted or upholstered, and low particulate generating.	Compliant	
32.00	Walls are constructed of durable material, which is cleanable, such as epoxy-coated or heavy-gauge polymer material. *If panels are used, they are locked together and sealed.*	Compliant	
33.00	The ceiling surface shall be impervious and hydrophobic. *If tiles are used, they shall be locked and the seams between the tiles and where they meet the walls shall be caulked and sealed.*	Compliant	Solid ceiling
34.00	The floor overlaid with wide sheet flooring and seamless or with heat welded seams, with coving to the sidewall, and a sealed seam where the coving meets the wall.	Non-Compliant	Cracks present in flooring material in buffer and chemo room; advised staff to seal cracks ASAP
35.00	The clean/buffer room or anteroom does not have dust collecting overhangs.	Compliant	
36.00	The exposed surfaces of:		
36.01	PEC are free of dirt, rust, chips and particulate matter.	Compliant	
36.02	Light fixtures are smooth, mounted flush, and sealed.	Compliant	
37.00	A working sink, located on the clean side of the line of demarcation, is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PEC(s).	Compliant	
38.00	There is no sink or drain in the clean/buffer room.	Compliant	
39.00	Hand drying is with lint-free disposable towels, or an electronic or HEPA filtered hand dryer.	Compliant	
39.01	If using a hand dryer, particle count and smoke testing validation is performed while dryer is in use (while someone is actively using to dry their hands) at certification, and the immediate area around the dryer is part of the viable air and surface testing program performed. *(N/A if only using towels)*	N/A	
40.00	All air ducts controlling air flow into the sterile compounding clean/buffer room and anteroom are equipped with High Efficiency Particulate Air filtered air that maintains the cleanroom with an ISO Class 7 environment and the anteroom with an ISO Class 7 (when adjacent to HD cleanroom) or ISO Class 8 environment.	Compliant	
41.00	Incoming air ducts through HEPA filters are on or near the ceiling and air return ducts are low on the walls in the anteroom and clean/buffer room.	Compliant	HEPA filters are not flush with ceiling; renovations are planned as part of compliance to USP 797 revisions
42.00	If there are particle generating equipment/appliances in the clean/buffer room or anteroom (e.g. computers, printers, refrigerators, dishwashers, etc), they are located by an air return so air flows over and out of the room taking particles with it, and this air flow has been confirmed by smoke testing while in use.	Compliant	
43.00	Beverages including drinking water, chewing gum, candy, or food items are prohibited from the clean/buffer room or anteroom.	Compliant	
44.00	If compounding occurs using nonsterile ingredients, products, components, or devices (for example compounding with non-sterile APIs or using nonsterile vials and closures), the pharmacy has appropriate equipment to sterilize the finished product.	Compliant	
44.01	Pre-sterilization procedures for high risk level CSPs (such as weighing and mixing) are performed in no worse than an ISO Class 8 environment.	Compliant	
45.00	Completely enclosed anteroom and clean/buffer room (with a door) are equipped with monitors or gauges to measure differential pressure.	Compliant	
45.01	Anteroom is at least 0.02" wc positive pressure to general pharmacy areas.	Compliant	
45.02	Clean/buffer room is at least 0.02" wc positive pressure to Anteroom.	Compliant	
45.03	Hazardous compounding room and drug storage area is at least 0.01" wc negative pressure to ISO Class 7 anteroom.	Compliant	Reading was -0.049" wc negative pressure at time of inspection; advised staff USP 797 revisions may specify specific range for negative pressure room (0.01' to 0.03" wc negative pressure)
45.04	Pressures are reviewed and documented on a log at least every work shift (minimum of once daily) or monitored by a continuous recording device. *View logs*	Compliant	

45.05	Written plan in place to detect and react to pressure differentials outside of limits.	Compliant	
46.00	If the clean/buffer room and anteroom are not fully enclosed (open or with plastic strips - no door that closes), the air flow is measured across the openings.	N/A	
46.01	The air flow is at least 40 feet per minute across the entire opening.	N/A	
46.02	Airflow is read and recorded each shift (minimum of once daily) or continuously recorded. *View logs.*	N/A	
46.03	Written plan in place to detect and react to air flow measurements outside of limits	N/A	
46.04	This area is used only for low- and medium-risk compounding (**HD and high-risk not allowed**).	N/A	
47.00	**Temperature:** The temperature of all compounding and drug storage areas shall be maintained in accordance with standards, and a written plan shall be in place and followed to address any excursions.	Compliant	
47.01	Temperature in the **compounding area** is maintained to provide comfortable working conditions for compounding personnel of 20° C or cooler (68° F or cooler); Temperature can be more restrictive if warranted by specific drug product storage requirements. *Temperature records are maintained.*	Compliant	
47.02	If drugs are stored in the compounding area, temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. *Temperature records are maintained.*	Compliant	
47.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas). Temperature is maintained at controlled room temperature of 20° - 25° C (68° - 77° F) or as specified by FDA approved labeling for drug product storage.	Compliant	
47.04	Temperature monitoring in the **drug storage area** is performed at least once daily and documented. *Temperature records are maintained.*	Compliant	
47.05	Temperature in the **refrigerator or cooler** is maintained to provide controlled cold temperature of 2° to 8°C (36° to 46°F) or as specified by FDA approved labeling for drug product storage.	Compliant	
47.06	Temperature monitoring in the **refrigerator** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. Alternatively, continuous monitoring or retroactive detection using min/max may be used. *Temperature records are maintained.*	Compliant	
47.07	Temperature in the **freezer** is maintained to provide controlled frozen temperature of -25° to -10°C (-13° to 14°F) or as specified by FDA approved labeling for drug product storage.	Compliant	
47.08	Temperature monitoring in the **freezer** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. *Temperature records are maintained.*	Compliant	
47.09	Action plan in place for any temperature excursions including evaluating excursion effects on drug product integrity for all temperature monitored areas.	Compliant	
48.00	**Humidity:** If warranted by specific drug products, humidity in the compounding area is maintained to provide humidity within the specified ranges. If drug products require storage in a "dry place", humidity is not to exceed 40%. (*Generally recommended range is 35-60% for performing sterile compounding .*)	Compliant	
48.01	If applicable, humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
48.02	If applicable, excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	

48.03	If applicable, humidity monitoring is also performed in drug storage areas (if separate from the compounding areas).	Compliant	
49.00	Blowers on ISO 5 PECs are operated continuously during compounding activity, including during interruptions of less than eight hours.	Compliant	
50.00	When the ISO 5 PEC blower is turned off, and before other personnel enter to perform compounding activities, only one garbed person is allowed to enter the buffer area for the purposes of turning on the blower (for at least 30 minutes) and of sanitizing the work surfaces	Compliant	
51.00	The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	Compliant	
52.00	The inside and outside doors of a pass-through are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	N/A	
53.00	**If the PEC is a BSC or LAFW that is NOT located in an ISO Class 7 clean/buffer room**: BSC or LAFW has been certified to maintain ISO Class 5 during compounding activities.	N/A	
53.01	Used only for low-risk compounded preparations with a 12-hour or less BUD assigned. *If yes, list percentage.*	N/A	
53.02	All garbing requirements are adhered to.	N/A	
53.03	Located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	N/A	
53.04	Location does not contain any unsealed windows or doors that connect to the outdoors or areas of high traffic flow, and is not adjacent to construction sites, warehouses, or food preparation areas?	N/A	
53.05	The sink is separated from the immediate area of the ISO Class 5 BSC or LAFW (not adjacent).	N/A	
54.00	**If the PEC is a CAI/CACI that is NOT located in an ISO Class 7 clean/buffer room:** CAI/CACI has been certified to maintain ISO Class 5 under dynamic conditions including transferring of ingredients, components and devices, and during preparation of CSP.	N/A	
54.01	The pharmacy has documentation from the manufacturer that the CAI or CACI will meet this standard when located in worse than ISO Class 7 environments.	N/A	
54.02	The CAI or CACI is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	N/A	
54.03	The sink is separated from the immediate area of the CAI or CACI (not adjacent).	N/A	
54.04	For NIOSH hazardous compounding in a CACI that is NOT located in a clean/buffer room, the CACI is located in a physically separated area that maintains a negative pressure of 0.01" water column pressure to adjacent areas and a minimum of 12 ACPH.	N/A	
	Cleaning and Disinfection		
	Total Non-Compliant (Includes Unknowns)	**0**	
55.00	Are all personnel performing cleaning appropriately garbed?	Compliant	
56.00	Is the sterile compounding area equipped with appropriate nonshedding cleaning equipment and supplies? *All cleaning tools, such as wipers, sponges, and mops, must be nonshedding, dedicated to and labeled for use in either the buffer or clean area (no wooden handles are allowed).*	Compliant	
57.00	If cleaning tools are reused, is there a procedure to rinse and sanitize the tools and an appropriate clean storage area?	Compliant	
58.00	Are reusable tools appropriately labeled to prevent them from being used inappropriately?	Compliant	

59.00	For cleaning and sanitizing agents that are not "ready-to -use" formulations, are there formulas and instructions for mixing or diluting the agents prior to use and is the preparation documented?	N/A	
60.00	Are cleaning and sanitizing agents appropriately labeled including expiration dates? *Verify no expired agents present.*	Compliant	
61.00	Are appropriate cleaning agents used that are effective for bacteria, viruses, fungi, and spores?	Compliant	
62.00	Is the ISO 5 PEC cleaned at the beginning of each shift, between compounding activities, at least every 30 minutes while compounding and after spills or suspected surface contamination?	Compliant	
62.01	If heavily soiled, cleaning includes the appropriate agent. *List agent(s) used.*	Compliant	Sterile water, sterile IPA, Virex Tb, Peridox RTU
63.00	Does sanitizing of the ISO 5 PEC include sanitizing with sterile 70% IPA using a nonlinting wipe?	Compliant	
64.00	Does daily cleaning and sanitizing include counters and easily cleanable work surfaces?	Compliant	
65.00	Does daily cleaning include the floors starting from the clean/buffer room and working outwards? Floor cleaning is not to occur during compounding.	Compliant	
66.00	If fatigue mats are used, are they cleaned daily and let dry on both sides?	N/A	
67.00	Is a tacky mat used and if so, is there a procedure in place regarding replacement?	Compliant	
68.00	Are the ceilings, walls, all shelving, bins, carts, chairs, and the tops and sides of the primary engineering controls (PECs) thoroughly cleaned monthly? (*This includes removing everything from shelves and bins before cleaning, cleaning the undersides of cart surfaces and stools, wheels, etc.)* *Check inside bins and shelving for dust if you are garbed.*	Compliant	
69.00	Is enough time allocated for cleaning activities, including contact/dwell times for the cleaning/disinfection agents?	Compliant	
	Training *-Verify records of all compounding personnel (up to 10).*		
	Total Non-Compliant (Includes Unknowns)	**1**	
70.00	There is documentation that compounding personnel are appropriately trained including policies and procedures, documentation, hazardous drug handling, cleaning/disinfection/spills, garbing/gowning/hand hygiene, and aseptic technique. *Note that "compounding personnel" includes personnel performing compounding, supervising compounding, and performing verification of compounding.* *List number of personnel training files viewed.*	Non-Compliant	Documentation available only for garbing/gowning/hand hygiene and aseptic technique; advised personnel to include aseptic technique, hood cleaning/disinfection/spills to training documentation.
70.01	All personnel performing compounding are not allowed to compound until training and initial testing is successfully completed.	Compliant	

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70.02	All personnel that SUPERVISE compounding and/or perform verifications of other's compounding are not allowed to supervise or verify compounding until training and initial testing is successfully completed.	Compliant	
71.00	All personnel of reproductive capability who handle or compound hazardous drugs or chemicals have confirmed in writing that they understand the risks of handling hazardous drugs. *Teratogenicity, carcinogenicity, reproductive issues.*	Compliant	
72.00	There is documentation, such as an observational checklist, that all personnel (including housekeeping or other outside personnel) that perform cleaning activities in the compounding areas including hazardous compounding areas are appropriately trained in garbing, cleaning and disinfection.	Compliant	
73.00	There is documentation of training on the operation of any equipment that may be used when preparing compounded sterile products. *Documentation needs to include training on operation, and troubleshooting*	N/A	
74.00	If the pharmacy uses relief personnel from outside agencies to perform sterile compounding, training and certifications are verified. *View documentation.*	N/A	
75.00	There is documentation that all compounding personnel (including those supervising or performing verifications) have passed an initial written exam, and subsequent annual written exams for the appropriate compounding risk levels and NIOSH hazardous drugs when applicable. *Indicate frequency, if testing more than annually*	Compliant	
76.00	There is documentation that all compounding personnel have passed an initial and subsequent annual competency assessments of aseptic compounding skills using observational audit tools including handling NIOSH hazardous drugs when applicable. Compounding skills evaluation to include use of equipment. *Indicate frequency, if testing more than annually.*	Compliant	
77.00	There is documentation that new compounding personnel have passed an initial observed gowning procedure and three gloved fingertip sampling tests? *Personnel must pass the tests upon initial validation before being allowed to compound . Action required if the tests yield any garbing deficiencies, or if the sampling results are >0 colony-forming units (CFU)/plate on the three initial validations.* *Indicate frequency, if testing more than annually.*	Compliant	
78.00	There is documentation that compounding personnel preparing low or medium risk-level products have passed an annual observed gowning procedure and gloved fingertip sampling test. *Action required if the tests yield any garbing deficiencies, or if the fingertip sampling results are >3 CFU (total both hands, all 10 fingers). Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results.* *Indicate frequency, if testing more than annually.*	Compliant	
79.00	There is documentation that a media fill test procedure is performed for each compounding employee at least annually for individuals that prepare low or medium risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are incubated and failure is indicated by visible turbidity in the medium on or before 14 days.* *Indicate frequency, if testing more than annually.*	Compliant	Performing high-risk sterile compounding
80.00	The media-fill testing procedures include:		
80.01	Media selection (including obtaining COAs or growth promotion certificates from suppliers)	Compliant	
80.02	Fill Volume	Compliant	

80.03	Incubation time and temperature (Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.)	Compliant	
80.04	Inspection of filled units	Compliant	
80.05	Documentation	Compliant	
80.06	Interpretation of results	Compliant	
80.07	Action levels set with the corrective actions required	Compliant	
81.00	**High-Risk Sterile Compounding:** There is documentation that compounding personnel have passed an observed gowning procedure and gloved fingertip sampling test every six (6) months. *Action required if the tests yield any garbing deficiencies, or if the sampling results are >3 CFU on both hands upon revalidation. Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than every 6 months.*	Compliant	
82.00	**High-Risk Sterile Compounding:** There is documentation that a media fill test procedure is performed for each compounding employee at least every six (6) months for individuals that prepare high risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.*	Compliant	
83.00	**Failed testing:** Employees who have failed any testing are prohibited from compounding until training is performed/reviewed and subsequent testing is performed successfully.	N/A	No failed testing at time of inspection
83.01	Gloved fingertip tests that have failed have the organisms identified down to the genus to determine the most likely source of the contamination. This data is used to develop plans to prevent contamination.	N/A	No failed testing at time of inspection
83.02	There is a plan to evaluate the sterile compounds prepared by an employee with failed gloved fingertip tests or media fills to detect potential contamination of the sterile preparations compounded.	Compliant	
	Garbing		
	Total Non-Compliant (Includes Unknowns)	**0**	
84.00	Personnel are prohibited from compounding, or entering the clean/buffer room or anteroom if they have a rash, sunburn, weeping sores, conjunctivitis, or an active respiratory infection.	Compliant	
85.00	Personnel are required to remove all personal outer garments such as hats, scarves, sweaters, vests, coats, or jackets and any makeup or cosmetics before entering compounding areas. *Include observations in the comments.*	Compliant	
86.00	Personnel are required to remove all hand and wrist jewelry, and all visible jewelry or piercings such as earrings, lip or eyebrow piercings, etc. before entering clean/buffer room.	Compliant	
87.00	Personnel are prohibited from wearing artificial nails or extenders, and required to keep natural nails neat and trimmed.	Compliant	
88.00	Garbing with dedicated shoes or shoe covers that are donned as the line of demarcation is crossed (with the dedicated or covered shoe never touching the same side of the line of demarcation as the dirty shoe).	Compliant	
89.00	Garbing includes head and facial hair covers and masks. *Note that facial hair requires both a facial hair cover AND a mask. Eye shields are optional unless using cleaning agents or preparing hazardous drugs. There is a method available to assure that all hair is covered.*	Compliant	

90.00	Hand cleaning is performed in the anteroom and includes removing debris from under the nails with a nail cleaner followed by a vigorous washing of the hands and forearms with soap for at least 30 seconds with hands and arms then dried with a non-linting disposable towel or a hand dryer. *Scrub brushes are NOT recommended as they cause skin irritation and damage.*	Compliant	
91.00	The gown is nonshedding with sleeves that fit snugly around the wrists and enclosed at the neck.	Compliant	
92.00	All bare skin is covered on the arms and the legs (no bare ankles, wrists, etc.).	Compliant	
93.00	Prior to donning sterile gloves, a waterless alcohol based surgical hand scrub with persistent activity is used and hands allowed to dry. *Note: regular Purell Hand Sanitizer is NOT appropriate. Purell or other brand surgical hand scrub is appropriate - must have residual activity.*	Compliant	
94.00	Upon leaving the sterile product compounding area, gowns are taken off and disposed of, or if used for nonhazardous compounding they are left in the anteroom and not reused for longer than one shift.	Compliant	
95.00	Pharmacists or other personnel do NOT enter the anteroom and cross the line of demarcation without donning shoe covers or dedicated shoes. *Watch for personnel traversing back and forth across the line of demarcation without doffing and donning new shoe covers or dedicated shoes.*	Compliant	
96.00	Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing (wearing just a mask to check technician's work, for example)	Compliant	
	Environmental Monitoring		
	Total Non-Compliant (Includes Unknowns)	**0**	
97.00	The most recent PEC and room certification report is available.	Compliant	
97.01	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	Compliant	
97.02	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, and barrier isolators) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	Compliant	
97.03	Certification is performed at least every six months (view date of previous certification) and whenever a device or room is relocated or altered, or major service to the facility is performed. *If non-compliant, record the date of the previous certification.*	Compliant	
97.04	Certification is performed to the Controlled Environment Testing Association (CETA) guide (USP: CETA CAG-003-2006 Certification Guide for Sterile Compounding Facilities) and is noted on the report.	Compliant	
97.05	If the certification standard used and noted on the report is NOT CETA CAG-003-2006, the facility has performed a comparison and determined the standard used is the same or better than the CETA CAG-003-2006 guide.	N/A	
97.06	The PIC/compounding supervisor is familiar with what testing is required and interpretation of results, ensures all testing is performed appropriately (under dynamic conditions where appropriate), has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance.	Compliant	
98.00	The certification report includes information about the equipment used for performing each test including: identification of the equipment used by model, serial number, last calibration date (or date when next calibration is due).	Compliant	
98.01	The equipment used had not exceeded its calibration date at the time of certification.	Compliant	
99.00	The HEPA filtered air changes per hour (ACPH) were measured for the compounding rooms.	Compliant	

99.01	ISO Class 7 sterile compounding room is certified as having a minimum of 30 ACPH with at least 15 ACPH from outside air sources. *Recirculated air from the PECs may account for up to 15 ACPH in nonhazardous classified rooms only.*	Compliant	
99.02	ISO class 7 anteroom is certified as having a minimum of 30 ACPH. *Anteroom must be ISO class 7 if connected to a NIOSH hazardous compounding clean/buffer room.*	Compliant	
99.03	ISO class 7 hazardous sterile compounding room is certified as having a minimum of 30 ACPH. *Typically all of the air will be from outside.*	Compliant	
99.04	If a CACI is used in a non-HEPA filtered room, the room is certified to maintain a minimum of 12 ACPH.	N/A	
100.00	Air pattern analysis using smoke testing was performed under dynamic conditions (people working in the PECs and rooms). The smoke flow is described in the report for the various tests such as turbulent, sluggish, smooth, etc.	Compliant	
100.01	Air pattern analysis was conducted at the critical area (direct compounding area inside the ISO Class 5 PEC) to demonstrate **unidirectional** airflow and sweeping action over and away from the product under dynamic conditions (personnel compounding or simulating compounding in PEC).	Compliant	
100.02	Air pattern analysis was conducted to confirm positive pressure (and negative pressure into hazardous compounding rooms) at all points around all openings, doorways, and pass-throughs	Compliant	
100.03	Air pattern analysis conducted around particle generating equipment *while the equipment was in operation* to confirm air flow.	Compliant	
101.00	Differential air pressure between rooms was measured.	Compliant	
101.01	The differential pressure measured was at least 0.02" water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed.	Compliant	
101.02	The differential pressure measured was at least 0.01" water column negative from the hazardous clean/buffer room to the anteroom with the doors closed.	Compliant	Differential pressure measured at -0.049" water column; advised staff about USP 797 revision requiring range to be within -0.01 to -0.03" water column
102.00	Displacement airflow between rooms or areas was measured. This is for a clean/buffer room without a door that closes to the anteroom - may be an open space or may have plastic strips in doorways.	N/A	
102.01	Displacement airflow (for low and medium-risk non-hazardous rooms only) was measured at a minimum differential velocity of 40 feet per minute from the cleanroom to the anteroom. *Note that it is very important to maintain this velocity across the entire opening and the report should indicate multiple points of measure across all openings.*	N/A	
103.00	Particle counts of particles 0.5um and larger were measured under dynamic conditions.	Compliant	
103.01	ISO Class 5 areas and PECs are certified as having less than 3,520 particles per cubic meter of air (100 particles per cubic foot).	Compliant	
103.02	ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air (10,000 particles per cubic foot).	Compliant	
103.03	ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air (100,000 particles per cubic foot).	N/A	
104.00	HEPA filter tests were performed.	Compliant	
104.01	All room HEPA filters were leak tested and if leaks found, they were fixed	Compliant	
104.02	All PEC HEPA filters were leak tested and if leaks found, they were fixed	Compliant	
105.00	PECs with failed tests are not used for compounding until the conditions are corrected and verified by subsequent testing.	Compliant	
106.00	Viable air (every six months) and surface sampling (periodically) tests have been conducted as required. Document frequency.	Compliant	

106.01	Appropriate growth media used (containing tryptic soy agar medium with polysorbate and lecithin (TSApl) added to neutralize cleaning agents for surface sampling) with appropriate corresponding incubation time and temperature used. *Required to use media that supports both bacterial and fungal growth for high risk compounding.*	Compliant	
106.02	Viable air sampling by active impaction using a volumetric air sampling device. *NOTE: Passive air sampling or settling plates are not compliant with USP Chapter <797>.*	Compliant	
106.03	Air samples were taken in each ISO Class 5 PEC, and in each sterile compounding room and anteroom and volume sufficient volume of air (400-1000L) was collected? *Note: 1000L must be collected in ISO Class 5 PECs to be able to detect the action level. Room samples can be 400-1000L.*	Compliant	
106.04	Surface samples performed on all direct compounding areas inside of each ISO 5 PEC, in each ISO classified room, inside any pass-throughs, and on surfaces likely to be contaminated due to position relative to doorways, etc.	Compliant	
106.05	Viable air and surface samples did not exceed USP action levels (or internal action levels if more restrictive). Classification Air Sample Surface Sample ISO Class 5 >1 CFU/m3 >3 CFU/plate ISO Class 7 >10 CFU/m3 >5 CFU/plate ISO Class 8 >100 CFU/m3 >100 CFU/plate *CFUs are TOTAL of bacterial plus fungal/mold plates. If air sampling volume is less than 1000 liters (one cubic meter), the raw total microbial count must be multiplied by the appropriate factor to determine the number of CFU/cubic meter.*	Compliant	
106.06	CFUs detected by any means (viable air or surface sampling, gloved fingertip testing, failed sterility tests, etc.) are identified to the genus level. *All CFUs detected must be identified even if the number of CFUs does not exceed an action level.*	Compliant	
106.07	If the number of CFUs detected **in the rooms** exceeds action levels, begin immediate remediation (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
106.08	If the number of CFUs detected **in the PECs** exceeds action levels, begin immediate remediation, (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
106.09	If any highly pathogenic microbes (e.g. mold, yeast, coagulase positive staphylococcus, or gram negative rods) were detected (whether or not the number of CFUs exceeds action levels), begin immediate remediation(e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
107.00	Facilities performing routine air or surface sampling with internal qualified personnel routinely verify sampling procedures. *Indicate the outside vendor used to verify procedures and frequency of verifications.*	N/A	
	Equipment		
	Total Non-Compliant (Includes Unknowns)	**0**	
108.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (autoclaves, ovens, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines.*	Compliant	
109.00	All environmental monitoring equipment and gauges (differential pressure gauges or probes, air flow and velocity measuring equipment for rooms not fully enclosed, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented.	Compliant	
110.00	All temperature and humidity (where applicable) monitoring devices (thermometers, hygrometers, probes, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented	Compliant	

111.00	Automated Compounding Devices (ACDs) are used for sterile compounding (such as repeater pumps) and there is a P&P for the use and calibration.	N/A	
111.01	There is documentation of the ACD tubing being changed or discarded every 24 hours	N/A	
111.02	The ACD is used when performing media fill testing.	N/A	
	Compounding Procedures		
	Total Non-Compliant (Includes Unknowns)	**0**	
112.00	Gloves are disinfected with adequate frequency with an approved disinfectant, such as sterile 70% isopropyl alcohol (IPA).	Compliant	
113.00	Nonessential objects that shed particles are prohibited in the buffer or clean area, including pencils, cardboard cartons, paper towels, reading material, and cotton items (e.g., gauze pads)?	Compliant	
114.00	Essential paper related products (syringe overwraps, work records contained in a protective plastic sleeve) are wiped down with sterile 70% IPA before being brought into the buffer or clean area.	Compliant	
115.00	Supplies required for the scheduled operations of the shift are prepared by wiping the outer surface with sterile 70% IPA (or removing the outer wrap as the item is introduced into the aseptic work area) and brought into the buffer or clean area in a bin or on a movable cart.	Compliant	
116.00	Compounding employees are using appropriate aseptic technique. *May require inspector to garb and enter clean/buffer room. Pay attention to first air, entry and exit of materials in ISO Class 5 PEC, appropriate frequent sanitization of gloves, appropriate cleaning and cleanliness of the direct compounding area (DCA).* ***Compounding MUST be observed****, if compounding is not being performed at the time of survey mark item as "Non-Compliant"*	Compliant	
116.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "* ***Denial of Authorization*** *" form. List individual who signs the Denial of Authorization*		
117.00	Compounding personnel ascertain that ingredients for CSPs are of the correct identity and appropriate quality by reading vendors' labels, and a unit-by-unit physical inspection of the product before use.	Compliant	
118.00	All rubber stoppers, of vials and bottles and the necks of ampules are disinfected with sterile 70% IPA waiting for at least 10 seconds before they are used to prepare CSPs.	Compliant	
119.00	Single-dose vials exposed to ISO Class 5 or cleaner air are used within six (6) hours of the initial puncture and any remaining contents discarded. *If exposed to less than ISO Class 5 air, used within 1 hour and discarded.*	Compliant	
120.00	The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. *May not be stored for any time period.*	Compliant	
121.00	Multiple-dose vials formulated for removal of portions on multiple occasions are used within 28 days (or the manufacturer's specific BUD if less) after the initial entry or puncture and any remaining contents discarded.	Compliant	
122.00	The compounding record is complete. *View several completed compounding records and answer each of the following questions. List records reviewed.*	Compliant	
122.01	Official or assigned name, strength and dosage of the preparation	Compliant	
122.02	Names, lot numbers and expiration dates of all components	Compliant	
122.03	Total quantity or number of units compounded	Compliant	
122.04	Person compounding the preparation	Compliant	

122.05	Person performing the quality control procedures	Compliant	
122.06	Person who approved the preparation	Compliant	
122.07	Date of compounding	Compliant	
122.08	Assigned internal identification number or prescription number	Compliant	
122.09	Assigned BUD and reference if extended beyond USP guidelines	Compliant	
122.10	Duplicate label	Compliant	
122.11	Sterilization method (if applicable)	Compliant	
122.12	Indication of the quality control procedures to perform (testing, filter integrity, etc.) and results of the testing, quality control issues, and investigation/recall if applicable	Compliant	
123.00	Procedure for in-process checks is followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is* ***recommended*** *to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage.*	Compliant	
124.00	Labels on BATCH preparations include the name and quantity of all contents, date, and time of preparation (or internal code indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	Compliant	
125.00	Labels on PATIENT-SPECIFIC containers, in addition to standard label requirements, also include names and quantity or concentration of active ingredients, BUD, total volume, route of administration, storage conditions and other information for safe use.	Compliant	
126.00	Inspect several different finished products and look for any particulates. Do any of the finished products inspected show any evidence of particulates? *If so, list the products including lot and expiration date and obtain photos (if possible).* **REQUEST THE PRODUCT BE QUARANTINED AND NOTIFY NABP IMMEDIATELY.**	Compliant	
127.00	Preparations without additional stability testing or supported by data are assigned BUDs within USP<797> guidelines. **Low Risk:** 48 hours room temp, 14 days refrigerated, 45 days frozen **Medium Risk:** 30 hours room temp, 9 days refrigerated, 45 days frozen **High Risk:** 24 hours room temp, 3 days refrigerated, 45 days frozen	Compliant	
128.00	If extended BUDs are assigned, are they assigned on the basis of stability data extrapolated from reliable literature sources? *View records, preparation must exactly match the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.*	Compliant	
129.00	If extended BUDs are assigned, has the facility performed its own stability testing? *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc. If so, view records for at least three products and list the products reviewed below. List the products reviewed.*	N/A	
130.00	Compounded multiple-dose vials with extended BUDs assigned have additional instruction provided that indicates remainder must be discarded 28 days after first puncture or use.	N/A	
131.00	**Filter sterilization** in an ISO 5 environment and documentation includes:		
131.01	If the compounded preparation contains large particles, a prefilter is placed upstream from the sterilizing filter.	Compliant	
131.02	The 0.2 micron sterile microporous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP; and the filter is intended for human-use applications for sterilizing CSPs (labeling on the filter does not indicate "research only" or "laboratory only", for example).	Compliant	
131.03	Is the appropriate capacity filter being used for the volume being filtered.	Compliant	

131.04	Filtering is completed rapidly without filter replacement.	Compliant	
131.05	Confirmation of filter integrity/bubble testing is performed and value documented for each filter used with each batch sterilized by filtration. View documentation on compounding records of items sterilized by filtration to confirm.	Compliant	
132.00	**Steam sterilization** documentation includes:		
132.01	The autoclave has been verified for the exposure time and mass of the items to be sterilized	N/A	
132.02	Ensures live steam contacts all ingredients and surfaces to be sterilized, effectiveness verified with biological indicators and temperature sensing devices	N/A	
132.03	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization	N/A	
132.04	That the CSP will not be adversely affected by the steam and heat	N/A	
132.05	The description of steam sterilization includes conditions and duration for specific CSPs	N/A	
132.06	That the effectiveness of steam sterilization is verified each time using appropriate biological indicators of Bacillus stearothermophilus and other confirmation methods such as temperature-sensing devices.	N/A	
133.00	**Dry heat sterilization** documentation includes:		
133.01	Dry heat is only used for those items that cannot be sterilized by steam or would be damaged by moisture	N/A	
133.02	Sufficient space is left between materials to allow for air circulation	N/A	
133.03	The description of dry heat sterilization includes conditions and duration for specific CSPs	N/A	
133.04	That the effectiveness of dry heat sterilization is verified each time using appropriate biological indicators of Bacillus subtilis and other confirmation methods such as temperature-sensing devices.	N/A	
133.05	Heated filtered air is evenly distributed throughout the chamber with a blower and the oven is equipped with a system for controlling and recording temperature and exposure period.	N/A	
134.00	**Depyrogenation by dry heat** documentation includes:		
134.01	Dry heat depyrogenation is used to render glassware and containers (such as vials) free from pyrogens as well as viable microbes	Compliant	
134.02	The description of the cycle and duration for specific load items	Compliant	
134.03	The effectiveness of the cycle is verified using endotoxin challenge vials (ECVs)	Compliant	
134.04	Bacterial endotoxin testing is performed on the ECVs to verify the cycle is capable of achieving a 3-log reduction in endotoxins	Compliant	
135.00	Other methods of sterilization are used with documented procedures and validation performed. *Indicate method.*	N/A	
	Finished Preparation Release Checks and Tests		
	Total Non-Compliant (Includes Unknowns)	**0**	
136.00	Are products visually checked for particulates or other foreign matter against both a light and a dark colored background as a condition of release?	Compliant	
137.00	Are there checks for container, closure integrity and any other apparent visual defects?	Compliant	
138.00	Is compounding accuracy documented by verification of steps?	Compliant	
139.00	Is verification of ingredient identity and quantity verified? *Is there a reconciliation of components?*	Compliant	
140.00	Are labels verified as being correct and is a copy of the label included in the record? *Complies to regulation, contains the correct names and amounts or concentrations of ingredients, total volumes, BUDs, storage conditions, and route of administration.*	N/A	

141.00	**Sterility testing (USP <71>).** *If testing is performed to a higher standard than the minimums below, describe.*		
141.01	Sterility testing includes both bacterial and fungal testing.	N/A	
141.02	Sterility testing is performed for all CSPs that have extended BUDS.	N/A	
141.03	Sterility testing is performed for high-risk CSPs prepared in batches of more than 25 identical containers	N/A	
141.04	Sterility testing is performed for CSPs exposed longer than 12 hours at 2°C-8°C or longer than six hours at warmer than 8°C before being sterilized	N/A	
141.05	The appropriate quantities of units are sterility tested. Parenterals, number of units in the batch is: 1. Not more than 100, test 10% or four units, whichever is greater 2. More than 100 but more than 500, test 10 units 3. More than 500, test 2% or 20 units, whichever is less For large volume parenterals: 2% or 10 containers, whichever is less. For non-parenterals (eye drops, inhalation, etc.): 1. Not more than 200 containers, test 5% or 2 containers, whichever is greater 2. More than 200, test 10 containers	N/A	
141.06	For products failing testing, product is quarantined, and an investigation is performed including microbial identification and action taken. *View testing records and note any products with failed results and actions taken.*	N/A	
141.07	If items are dispensed or distributed prior to sterility testing completion, there is a written procedure requiring daily observation of the incubated media. If there is any evidence of microbial growth, there is an immediate recall and both the patient and the physician/prescriber of the patient to whom a potentially contaminated CSP was administered are notified of the potential risk. *View testing records and note any products with failed results and actions taken.*	N/A	
142.00	**Endotoxin testing (USP <85>).** *If testing is performed to a higher standard than the minimums below, describe.*		
142.01	Is endotoxin testing performed for all high-risk level CSPs for administration by injection prepared in groups of more than 25 single-dose packages (such as ampules, bags, syringes, vials)	N/A	
142.02	High-risk CSPs prepared in multiple dose vials for administration to multiple patients	N/A	
142.03	High-risk CSPs exposed longer than 12 hours at 2°C-8°C (25°F-46°F) or longer than six (6) hours at warmer than 8°C (46°F) before they are sterilized	N/A	
142.04	For products failing testing, product is quarantined, and an investigation is performed and action taken. *View testing records and note any products with failed results and actions taken.*	N/A	

	Patient Counseling and Communication		
	Total Non-Compliant (Includes Unknowns)	**0**	
143.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of hazardous products such as chemotherapy medications?	Compliant	
144.00	Are the above required printed drug information materials (drug information, PPI, MedGuides, etc.) provided for the compounded products?	Compliant	
145.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	
146.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated CSP was administered are notified of the potential risk.	Compliant	

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Lookup Detail View

Name and Address

Name	PublicAddress
Boudreaux's New Drug Store	404 E Prien Lake Rd Lake Charles, LA 70601-8507

Credential Information with supervision

License	License Type	Issue Date	Expiration Date	Status	Pharmacist In Charge
PHY.008142-IR	Pharmacy - Community ~ Independent	09/09/2020	12/31/2025	Current, without restriction or limitation	Kylee B. Vidrine

List of Current Employees

Name	License	License Type	Expiration Date	Status
Alexis Xuan-Nhi Thi Nguyen	PST.025437	Pharmacist	12/31/2025	ACTIVE
Amanda S. Brassieur	CPT.007495	Certified Pharmacy Technician	06/30/2026	ACTIVE
Ava Klaire Espinosa	CPT.017879	Certified Pharmacy Technician	06/30/2026	ACTIVE
Christopher R. Robin	PST.016333	Pharmacist	12/31/2025	ACTIVE
Ericka Jade Adams	CPT.017987	Certified Pharmacy Technician	06/30/2026	ACTIVE
Jace Lianne Myers	PTC.033929	Pharmacy Technician Candidate	04/22/2027	ACTIVE
Kylee B. Vidrine	PST.021317	Pharmacist	12/31/2025	ACTIVE
Kylie Denae Gaspard	PTC.033923	Pharmacy Technician Candidate	04/22/2027	ACTIVE
Reanna Rose Huckaby	PTC.033867	Pharmacy Technician Candidate	04/08/2027	ACTIVE
Shania Nichole Johnson	CPT.017664	Certified Pharmacy Technician	06/30/2026	ACTIVE
Tina M. Guin	CPT.015948	Certified Pharmacy Technician	06/30/2026	ACTIVE

Prior Board Orders (may or may not be disciplinary in nature)

Case Help

File Number	Status	Date Received	Date Closed	Resolution	Action Documents
2022-103	CLOSED	03/29/2022	08/17/2022	VIDRINE PHARMACEUTICAL GROUP, LLC D/B/A BOUDREAUX'S NEW DRUG STORE is ordered to pay a fine of $25,000.00 and to reimburse the Board $250.00 for administrative costs, and $2,791.01 investigative cost with total payment due to the Board of $28,041.01.	Orders-PHY.008142_BoudreauxNewDrugStore_2022.0817.pdf (ViewPublicLookupDocument.aspx?DocumentIdnt=164494&GUID=7C0F81C5-4A2C-489E-857E-DF653EB0FE56)

CDS Schedules and Restrictions

I	II	II-N	III	III-N	IV	V	Restrictions	Alternative Privileges

Generated on: 7/8/2025 12:09:36 PM

Louisiana Board of Pharmacy Online eLicense Website

The Louisiana Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, and further, performs daily updates to the website. Therefore, the website is a secure and primary source for credential verification, as authentic as a direct inquiry to the Board.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FV9694666	05-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-11-2023

VIDRINE PHARMACEUTICAL GROUP, LLC
BOUDREAUX'S NEW DRUG STORE
404 E. PRIEN LAKE RD.
LAKE CHARLES, LA 70601

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (09/11/2024)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Vidrine Pharmaceutical Group, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 404 E. Prien Lake Road

City: Lake Charles State: LA Zip: 70601

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (337) 436-7216 Toll Free # (NAC 639.708, NRS 639.23286): 1-855-305-2110

Fax: (337) 436-7217 Contact Email: _____

Website: https://boudreauxsnewdrug.com/

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Kylee Vidrine

Supervising/Managing Pharmacist NV Pharmacist Registration #: _____

Name of Designated Person(s) as defined by revised USP-797 guidelines: Kylee Vidrine

Email of Designated Person(s): kvidrine@bndsrx.com

Telephone of Designated Person(s): (832) 527-3558

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)?

☐ Category 1 ■ Category 2 ☐ Category 3

If you marked "**Category 3**", you must also complete **section 4.**

2. If compounding Category 2 products is the location performing sterility and endotoxin testing (if required) to obtain extended beyond-use dates? ■ Yes ☐ No

3. If compounding Category 2 products is the location performing aseptically processed CSPs or terminally sterilized CSPs? ■ Aseptic ☐ Terminal

4. Is the pharmacy following the new garbing requirements listed in the revised USP-797 guidelines? ■ Yes ☐ No

5. When was the most recent certification for the ISO classified areas? 05/02/2024

6. What is the frequency of the recertification for the ISO classified areas? every 6 months

7. Were there any follow-up items required from the most recent certification report? ☐ Yes ■ No

8. If preparing Category 2 or Category 3 CSPs from non-sterile starting components are the pre-sterilization procedures such as weighing and mixing completed in an ISO Class 8 or better environment? ■ Yes ☐ No

9. If compounding Category 1 CSPs and Category 2 CSPs how often is surface sampling of all classified areas and pass-through chambers conducted? once a month

10. Will you be performing sterile hazardous drug compounding? ☐ Yes ■ No

If you marked "**Yes**", you must also complete **section 3.**

11. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

12. What laboratory performs your sterility or endotoxin testing?

Name: Eagle Analytical Services

Address: 11111 S Wilcrest Dr S1000

City: Houston State: TX Zip: 77099

Telephone: (800) 745-8916

13. What is your procedure for visual inspection of compounded sterile products?

We only use clear vials in order for better visualization. Technicians inspect the final products and verifying pharmacists inspect the final product.

14. How often do you perform glove fingertip and medial fill testing?

every 6 months

15. Describe your initial and ongoing training program for all personnel performing sterile compounding:

All starting employees are sent to PCCA training facilities for 1 week to complete CORE training and Sterility Assurance training. They also complete all training documents included in our SOP 1.6.

Please see attached SOP 1.6.

16. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Please see attached SOPs 1.25 & 1.4 on our cleaning procedures.

17. Who performs the sterile compounding process at your facility?

Amanda Brassieur, Kylee Vidrine

18. Who is responsible and accountable for the sterile compounding process at your facility?

Amanda Brassieur, Kylee Vidrine

19. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Overnight or 2-day FedEx Delivery, ice chest coolers, ice packs, temperature indicators

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Are you complying with all USP 800 guidelines?	☐ Yes	☐ No
3. Have your employees who compound with hazardous drugs signed an acknowledgement that they understand the risks associated with this process?	☐ Yes	☐ No
4. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
5. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
6. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
7. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
8. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No
9. If yes, list the name of the device:		

10. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

11. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Section 4: Sterile Category 3 Compounding Questions (Complete this section ONLY if you will be performing Category 3 Compounding.)

1. List the specific Category 3 sterile products that your facility compounds:

2. What is the frequency for ongoing garbing, gloved fingertip and thumb sampling, and media fill testing for compounding personnel?

3. Is the pharmacy meeting all of the additional garbing requirements for compounding Category 3 CSPs as defined by the revised USP-797 guidelines? ☐Yes ☐No

4. What is the frequency for completing volumetric active air sampling?

5. What is the frequency for completing surface sampling?	
6. What is the frequency for using sporicidal agents?	
7. Is an endotoxin test performed for all products compounded from one or more nonsterile component?	☐ Yes ☐ No
8. Is the BUD assigned supported by stability data obtained using a stability-indicating analytical method?	☐ Yes ☐ No

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kylee Vidrine

Name of Person who Completed the Form

Owner

Title

Signature (copies or stamps not accepted)

10/21/2024

Date

Board Use Only	Date Received: 10/22/24 Date Approved: _____ Approved By: _____

1.0 Purpose

1.1 The purpose of this procedure is to establish requirements for training new and existing staff at Boudreaux's New Drug Store to ensure quality of compounded preparations and safety of staff.

2.0 Definitions

2.1 N/A

3.0 Procedure

3.1 This procedure applies to all staff involved with compounding activities.

3.2 Orientation for new employees shall include:

3.2.1 Tour of Facility

3.2.2 Pharmacy Hours, Work Schedule, Lunch

3.2.3 Dress Code

3.2.4 Telephone Use

3.2.5 HIPAA, Pharmacy Security

3.2.6 Job Description

3.2.7 SOP Manual (includes Safety Training)

3.2.8 Didactic Training (as applicable)

3.2.9 Equipment Training and Competency Assessment (as applicable)

3.2.10 Competency Assessments (as applicable)

3.3 SOP Manual shall be read and Annual Review form located in the front of SOP manual shall be signed by new employees and annually by all employees. Employees shall read SOPs that are pertinent to their position.

3.4 Upon completion of orientation, Orientation Checklist (Attachment 2) along with resume. license verification, Job Description (Attachment 3), Safety Training Checklist (SOP 6.40 Attachment 10), Hazardous Chemical Acknowledgement (SOP 6.40 Attachment 11), Hepatitis B waiver, and documentation of required training and competency assessments shall be filed in employee training file.

3.4.1 Compounders, checking pharmacists and pharmacist-in-charge

shall complete orientation training and competency assessments before performing regular job duties and annually thereafter (as required). Pharmacists shall complete all of the same training and competency assessments as technicians plus pharmacist-specific training and competency assessments.

3.5 Equipment training and competency assessment shall be performed before using equipment and upon evidence of poor technique. Document on Attachment 4 (Equipment Training and Competency Assessment).

3.6 Competency Assessment

3.6.1 Nonsterile Compounding

3.6.1.1 Nonsterile compounding staff shall be trained and observed and interviewed for competency on commonly compounded dosage forms prior to first performing compounding. The competency of nonsterile compounding staff shall be continually evaluated and documented at least annually on Competency Assessment Nonsterile Compounding (Attachment 5)

3.6.2 Sterile Compounding

3.6.2.1 Compounding technique shall be observed by a qualified person with media fills (and observed competency assessments) to assess sterile compounding skills prior to first performing sterile compounding, every six months (high risk) and/or every twelve months (low and medium risk) thereafter and upon evidence of poor technique. The competency of sterile compounding staff shall be continually evaluated and documented at least every six months (high risk) and/or every twelve months (low and medium risk) on Competency Assessment Sterile Compounding (Attachment 6).

3.6.2.2 Sterile compounding staff shall perform media fills (non-sterile to sterile and sterile to sterile, as applicable) to be compounded under conditions that closely simulate the most challenging or stressful conditions encountered. A post garb and post compounding fingertip sample shall be performed on each hand along with a post compounding surface sample of the direct compounding area. Incubate fingertip and surface samples at 30-35C for 48-72 hours. Incubate media fill at 30-35C

for 14 days. Note that sterile compounding staff shall pass three gloved fingertip samples on each hand with zero cfus prior to performing sterile compounding for the first time at this location.

3.6.2.2.1 Basic High Risk Media Fill Procedure

- Dissolve 3g of nonsterile soybean-casein digest medium in 100ml of nonbacteriostatic water to make a 3% nonsterile solution.
- Draw 25ml of the medium into each of three 30ml sterile syringes.
- Transfer 5ml from each syringe into separate sterile 10ml vials. Mark these vials (positive) control.
- Affix a sterile 0.22 micron filter to each syringe and transfer 10ml of sterile medium into each of two sterile 10ml vials. Mark these samples.

3.6.2.3 Low and Medium Risk Media Fill shall be performed (as applicable) using a commercial kit.

3.6.2.4 Sterile compounding staff shall be observed performing skills assessments related to (1) hand hygiene and garbing; (2) CAI cleaning and aseptic technique; (3) Cleaning and disinfecting procedures every six months. Document results on Attachment 6A (Sterile Compounding Skills Assessment - Hand Hygiene and Garbing), Attachment 6B (Sterile Compounding Skills Assessment - CAI Cleaning and Aseptic Technique), and Attachment 6C (Sterile Compounding Skills Assessment - Cleaning and Disinfecting Procedures).

3.6.3 Pharmacists shall be trained and observed and interviewed for competency on checking compounded preparations prior to performing checking, every twelve months thereafter and upon evidence of poor technique. Document on Attachment 7 (Pharmacist Check Training and Competency Assessment).

3.6.4 Pharmacists shall be trained and observed and interviewed for competency on counseling of compounded preparations prior to performing counseling, every twelve months thereafter and upon evidence of poor technique. Document on Attachment 8 (Pharmacist Counseling Training and Competency Assessment.

3.7 Didactic review

3.7.1 Review of USP 795 shall be performed prior to performing nonsterile compounding or checking nonsterile compounded preparations, at least every twelve months thereafter and upon evidence of poor technique. A written quiz shall be completed to document understanding. File a copy of training and quiz in training file. Re-training required for scores < 80%.

3.7.2 Review of USP 797 and aseptic technique shall be performed prior to performing sterile compounding or checking sterile compounded preparations, at least every six months thereafter and upon evidence of poor technique. A written quiz shall be completed to document understanding. File a copy of training and quiz in training file. Re-training required for scores < 80%.

3.8 Regular ongoing training related to compounding shall be performed and may include live training, webinars, demonstrations, journal articles, drug information, calculations, mock recalls, etc. Training may be documented on Attachment 1 (Staff Training), Attachment 10 (Staff Meeting Minutes), NABP e-profile, Training Certificates, etc.

3.9 Training File Checklist (Attachment 9) may be used to track training.

3.10 Staff meetings shall be held regularly and include issues related to quality, privacy or security, and compliance as well as staff training. Staff in attendance shall sign in for meeting and minutes shall be documented on Attachment 10 or equivalent form.

4.0 References

4.1 Louisiana Board of Pharmacy Laws & Rules

4.2 USP <795> Pharmaceutical Compounding – Nonsterile Preparations

4.3 USP <797> Pharmaceutical Compounding – Sterile Preparations

4.4 USP <800> Hazardous Drugs – Handling in Healthcare Settings

5.0 Attachments

5.1 Attachment 1 Staff Training

5.2 Attachment 2 Orientation Checklist

5.3 Attachment 3 Job Descriptions

5.4 Attachment 4 Equipment Training and Competency Assessment

5.5 Attachment 5 Competency Assessment Non-Sterile Compounding

5.6 Attachment 6 Competency Assessment Sterile Compounding

5.7 Attachment 7 Pharmacist Check Competency Assessment

5.8 Attachment 8 Pharmacist Counseling Competency Assessment

5.9 Attachment 9 Training File Checklist

5.10 Attachment 10 Staff Meeting Minutes

☐ Draft ☐ Final Approved by _____ This policy implemented on_____	Annual Policy Review Reviewer/Date _____ Reviewer/Date _____ Reviewer/Date _____

Staff Training

Description of Training – Attach training or include instructions on how to access training.

Is a Quiz required? ☐ Yes ☐ No
Attach quiz ensuring it contains name, date and grade. Re-training required for scores < 80%.

I have completed and understand the above training.

Signature Date

Orientation Checklist

Employee_____ Hire Date _____

(Check all that apply)		**ALL EMPLOYEES**
___Pharmacist-in-charge		___Tour of Facility
___Compounding Pharmacist (NS)		___Pharmacy Hours, Work Schedule, Lunch
___Pharmacy Intern		___Dress Code
___Compounding Technician (NS)		___Telephone Use
___Sterile Compounding		___HIPAA, Pharmacy Security
___Non-Compounding Technician		___Resume and License Verification
___Pharmacy Clerk		___Job Description
___Delivery Driver		___SOP Manual (and Safety Training Checklist)
___Compliance Officer		___Hazardous Chemical Acknowledgement
___HD Designated Person		___Hepatitis B Waiver

Compounders, Checking Pharmacists and PIC shall complete orientation training/competency before performing job duties. Attach all documentation listed (as applicable) and file in employee training file.

Initial Didactic Training (Review of USP 795, USP 797 and Aseptic Technique with Quiz grade >80%)
Complete □ Not Applicable □

Initial Equipment Training/Competency (SOP 1.60 Att 4)
Complete □ Not Applicable □

Initial Process Training/Competency - Nonsterile Compounding (SOP 1.60 Att 5)
Complete □ Not Applicable □

Initial Process Training/Competency – Hazardous Chemical Handling (SOP 1.65 Att 1)
Complete □ Not Applicable □

Initial Process Training/Competency - Pharmacist Check, Pharmacist Counseling (SOP 1.60 Att 7 & 8)
Complete □ Not Applicable □

Documentation of Sterile Training Program
Complete □ Not Applicable □

Gloved Fingertip Initial Assessment (3 samples with zero cfu) (SOP 1.60 Att 6)
Complete □ Not Applicable □

Media Fills with Skills Assessment (SOP 1.60 Att 6)
Hand Hygiene and Garbing, Hood Cleaning and Aseptic Technique, Cleaning and Disinfecting Procedures
Complete □ Not Applicable □

I have completed the above orientation training and competency assessment. I understand the responsibilities of my position and feel competent to perform my job according to the pharmacies SOPs.

Employee signature _____ Date _____

Pharmacist-in-charge signature _____ Date _____

Pharmacist-in Charge Job Description

Job Summary: Responsible for overseeing the operation of Boudreaux's New Drug Store.

Job activities and responsibilities: Pharmacist-in-charge shall be responsible for overseeing the operation of Boudreaux's New Drug Storeand ensuring pharmacy is in conformance with all laws and regulations pertinent to the practice of pharmacy and the distribution of drugs, and shall be personally in full and actual charge of Boudreaux's New Drug Storeand its staff. Pharmacist-in-charge shall 1) Establish for the employees of the pharmacy policies and procedures for the procurement, storage, compounding, and dispensing of drugs.; 2) Supervise all of the professional employees of the pharmacy.; 3) Supervise all of the nonprofessional employees of the pharmacy insofar as their duties relate to the sale or storage, or both, of drugs.; and 4) Establish and supervise the recordkeeping system for the purchase, sale, possession, storage, safekeeping, and return of drugs. Pharmacist-in-charge shall ensure either personally or through a designee that employees have knowledge of and follow applicable standard operating procedures including compliance with standards for safety, quality, sterility, accuracy, potency and cleanliness. Pharmacist-in-charge shall be the contact person for all state and federal inspections.

Minimum qualifications: Louisiana-licensed pharmacist with compounding training or equivalent experience.

Physical requirements: Position requires good hand-eye coordination and the ability to lift up to thirty pounds.

Appearance: Should reflect positively on Boudreaux's New Drug Store.

Signature:_____ **Date:**_____

Printed name:_____

Compounding Pharmacist (Nonsterile) Job Description

Job Summary: Performs all aspects of nonsterile pharmacy compounding at Boudreaux's New Drug Store.

Job Activities and Responsibilities: Compounding pharmacist shall have knowledge of and follow applicable Standard Operating Procedures. Non-sterile compounding may include but is not limited to the compounding of capsules, oral liquids, topical medications, nasal preparations, suppositories, troches, tablet triturates or lollipops. Hormones and other potentially hazardous chemicals are used in non-sterile compounding. Position requires close attention to detail. Standards for accuracy and potency shall be consistently met. Compounding pharmacist shall perform compounding and supervise pharmacy technicians compounding of preparations, filling and labeling of prescriptions and prepackaging of bulk medications. Compounding pharmacist shall also perform order entry, communicate with providers for the purpose of receiving new prescription orders, clarification of prescriptions or refill authorizations, perform final check on prescriptions, counsel patients and answer questions from patients and providers. Compounding pharmacist shall also monitor inventory levels for re-order of low inventory or expiring chemicals, receive new inventory, ensure maintenance of MSDS and Certificates of Analysis, oversee annual inventory and ensure performance of daily, weekly and monthly cleaning using appropriate disinfectants and techniques and finally, ensure that environmental monitoring and validation testing is performed according to policies and procedures.

Minimum qualifications: Louisiana-licensed pharmacist with compounding training or equivalent experience preferred.

Physical requirements: Position requires good hand-eye coordination and the ability to lift up to thirty pounds.

Reports to: Pharmacist-in-charge.

Appearance: Should reflect positively on Boudreaux's New Drug Store.

Employee Signature: _____ **Date:** _____

Printed Name: _____

Pharmacy Intern Job Description

Job Summary: Performs all aspects of nonsterile pharmacy compounding at Boudreaux's New Drug Store.

Job Activities and Responsibilities: Pharmacy Intern shall have knowledge of and follow applicable Standard Operating Procedures. Non-sterile compounding may include but is not limited to the compounding of capsules, oral liquids, topical medications, nasal preparations, suppositories, troches, tablet triturates or lollipops. Hormones and other potentially hazardous chemicals are used in non-sterile compounding. Position requires close attention to detail. Standards for accuracy and potency shall be consistently met. Pharmacy Intern shall perform compounding, filling and labeling of prescriptions and prepackaging of bulk medications. Pharmacy Intern shall also perform order entry, communicate with providers for the purpose of receiving new prescription orders, clarification of prescriptions or refill authorizations, perform final check on prescriptions, counsel patients and answer questions from patients and providers. Pharmacy Intern shall also monitor inventory levels for re-order of low inventory or expiring chemicals, receive new inventory, ensure maintenance of MSDS and Certificates of Analysis, oversee annual inventory and ensure performance of daily, weekly and monthly cleaning using appropriate disinfectants and techniques and finally, ensure that environmental monitoring and validation testing is performed according to policies and procedures. Pharmacy Intern may perform any activity restricted to a pharmacist, while under the supervision of a registered pharmacist.

Minimum qualifications: Louisiana-registered pharmacy intern.

Physical requirements: Position requires good hand-eye coordination and the ability to lift up to thirty pounds.

Reports to: Pharmacist-in-charge.

Appearance: Should reflect positively on Boudreaux's New Drug Store.

Employee Signature: _____ **Date:** _____

Printed Name: _____

Sterile Compounding Job Description

Job Summary: Sterile compounding pharmacist/technician is responsible for compounding low, medium and high-risk sterile products in a clean room environment.

Job Activities and Responsibilities: Sterile compounder must have knowledge of and follow applicable Standard Operating Procedures. Sterile compounding includes but is not limited to injections, ophthalmics and inhalation solutions. Position requires close attention to detail. Standards for strength, quality, purity, integrity, sterility, and endotoxin content must be consistently met. Sterile compounder will also monitor inventory levels for re-order of low inventory or expiring chemicals. Daily and monthly cleaning performed using appropriate disinfectants and techniques. Environmental monitoring and validation testing performed according to policies and procedures. Technicians work under the supervision of a pharmacist.

Minimum qualifications: Louisiana-licensed pharmacist or Louisiana-registered pharmacy technician with formal training in sterile compounding or equivalent experience.

Physical requirements: Position requires good hand-eye coordination and the ability to lift up to thirty pounds.

Reports to: Pharmacist-in-charge.

Appearance: Scrubs and appropriate PPE required. Long hair should be pulled back and cosmetics and visible jewelry removed.

Employee Signature: _____ **Date:** _____

Printed Name: _____

Compounding Technician (Nonsterile) Job Description

Job Summary: Responsible for compounding non-sterile pharmaceutical preparations under the supervision of the compounding pharmacist.

Job Activities and Responsibilities: Compounding technician shall have knowledge of and follow applicable Standard Operating Procedures. Non-sterile compounding may include but is not limited to the compounding of capsules, oral liquids, topical medications, nasal preparations, suppositories, troches, tablet triturates or lollipops. Hormones and other potentially hazardous chemicals are used in non-sterile compounding. Position requires close attention to detail. Standards for accuracy and potency shall be consistently met. Compounding technician shall compound medication, fill and label prescriptions and prepackage bulk medications. Compounding technician shall also monitor inventory levels for re-order of low inventory or expiring chemicals, receive new inventory, maintain MSDS and Certificates of Analysis and perform daily, weekly and monthly cleaning using appropriate disinfectants and techniques. Environmental monitoring and validation testing shall be performed according to policies and procedures. Technicians shall work under the supervision of a pharmacist.

Minimum qualifications: Louisiana-registered pharmacy technician with formal training in nonsterile compounding or equivalent experience.

Physical requirements: Position requires good hand-eye coordination and the ability to lift up to thirty pounds.

Reports to: Compounding Pharmacist.

Appearance: Scrubs (preferred) and appropriate PPE required.

Employee Signature: _____ **Date:** _____

Printed Name: _____

Non-Compounding Technician Job Description

Job Summary: Responsible for performing non-compounding activities under the supervision of a pharmacist.

Job Activities and Responsibilities: Must have knowledge of and follow applicable Standard Operating Procedures. Technician may be first point of contact for customers so it is very important that customers are greeted and assisted in a friendly and professional manner. Technician shall ensure accuracy of patient information and receive patient payment. Other responsibilities may include checking prescriptions for completeness and entering necessary information into computer to generate a prescription label and batch sheet (if necessary), filling and labeling prescriptions and prepackaging bulk medications, communicating with prescribers to receive refill authorization, receiving patient refills by telephone, directing calls or taking and relaying messages, organization and appearance of the pharmacy front-end, ordering and pricing front-end merchandise. Technician shall work under the supervision of a pharmacist.

Minimum qualifications: Louisiana-registered pharmacy technician with formal training or equivalent experience.

Physical requirements: Ability to use a computer keyboard, fax machine, communicate by telephone, and lift up to thirty pounds.

Reports to: Pharmacist.

Appearance: Should reflect positively on Boudreaux's New Drug Store.

Employee Signature: _____ **Date:** _____

Printed Name: _____

Pharmacy Clerk Job Description

Job Summary: Responsible for performing pharmacy support activities under the supervision of a pharmacist.

Job Activities and Responsibilities: Must have knowledge of and follow applicable Standard Operating Procedures. Clerk may be first point of contact for customers so it is very important that customers are greeted and assisted in a friendly and professional manner. Clerk shall ensure accuracy of patient information and receive patient payment. Other responsibilities may include entering patient information into computer, receiving patient refills by telephone, directing calls or taking and relaying messages, organization and appearance of the pharmacy front-end, ordering and pricing front-end merchandise. Clerk shall work under the supervision of a pharmacist and is not permitted to perform duties restricted to pharmacists or technicians.

Minimum qualifications: High School Diploma preferred.

Physical requirements: Ability to use a computer keyboard, fax machine, communicate by telephone, and lift up to thirty pounds.

Reports to: Pharmacist.

Appearance: Should reflect positively on Boudreaux's New Drug Store.

Employee Signature: _____ **Date:** _____

Printed Name: _____

Delivery Job Description

Job Summary: Delivers medication in the local area without compromising product integrity by using appropriate containers that protect medication from wide variations in temperature, structural damage or unapproved light sources. Brings mail and packages to the post office. Runs other errands as requested.

Job Activities and Responsibilities: Driver shall have knowledge of and follow applicable Standard Operating Procedures. Driver shall deliver hazardous medications at times and shall ensure vehicle contains a spill kit and know how to use it. Driver shall follow all rules in accordance with good driving practices which include following posted speed limits and wearing seat belts (and ensuring all passengers also wear seatbelts). Driver shall not be permitted to drink alcohol or have any alcohol in the vehicle. Driver shall not be permitted to talk on a cell phone or text while driving. (Driver should pull over to the side of the road to use cell phone). Driver shall be responsible for any fines for speeding or vehicular misconduct.

Minimum qualifications: Must have a current Louisiana driver's license.

Physical requirements: Able to safely operate a motor vehicle and lift up to thirty pounds.

Reports to: Pharmacist.

Appearance: Should reflect positively on Boudreaux's New Drug Store.

Employee Signature: _____ **Date:** _____

Printed Name: _____

Compliance Officer Job Description

Job Summary: Oversees compliance activities with regard to pharmacy standard operating procedures, state and federal regulations and accreditation standards.

Job Activities and Responsibilities: Compliance Officer shall have knowledge of and follow applicable standard operating procedures. Responsibilities include monitoring the pharmacy and pharmacy staff for compliance with state and federal regulations, accreditation standards and standard operating procedures; and overseeing Performance Improvement activities including (1) ensuring the collection of incident data (including adverse events, complaints, important aspects related to the service provided, and monitoring of processes that involve risks including infections and communicable diseases); (2) monitoring of trends; (3) investigation of incidents/trends including taking necessary follow-up action; and (4) completion of appropriate documentation. Compliance Officer shall hold a quarterly Performance Improvement meeting to review findings with staff. Compliance Officer shall create a comprehensive, annual Performance Improvement report that describes Performance Improvement activities, findings and corrective actions that relate to the services provided.

Minimum qualifications: Louisiana-licensed pharmacist or Louisiana-registered pharmacy technician with formal training in nonsterile compounding or equivalent experience.

Physical requirements: Ability to use a computer keyboard, fax machine, communicate by telephone, and lift up to thirty pounds.

Reports to: Pharmacist-in-charge

Appearance: Should reflect positively on Boudreaux's New Drug Store.

Employee Signature: _____ **Date:** _____

Printed Name: _____

HD Designated Person Job Description

Job Summary: Oversees compliance activities with regard to USP <800>.

Job Activities and Responsibilities: HD designated person must be qualified and trained to be responsible for developing and implementing appropriate HD procedures; overseeing entity compliance with USP <800> and other applicable laws, regulations, and standards; ensuring competency of personnel; and ensuring environmental control of the storage and compounding areas. HD designated person must thoroughly understand the rationale for risk-prevention policies, risks to themselves and others, risks of noncompliance that may compromise safety, and the responsibility to report potentially hazardous situations to management. HD designated person must also be responsible for the oversight of monitoring the facility and maintaining reports of testing/sampling performed in facilities, and acting on the results. HD designated person must ensure that all personnel who handle HDs understand the fundamental practices and precautions and for continually evaluating these procedures and the quality of final HDs to prevent harm to patients, minimize exposure to personnel, and minimize contamination of the work and patient-care environment.

Minimum qualifications: Louisiana-licensed pharmacist or Louisiana-registered pharmacy technician with formal training or equivalent experience.

Physical requirements: Ability to use a computer keyboard, fax machine, communicate by telephone, and lift up to thirty pounds.

Reports to: Pharmacist-in-charge.

Appearance: Should reflect positively on Boudreaux's New Drug Store.

Employee Signature: _____ **Date:** _____

Printed Name: _____

Equipment Training and Competency Assessment

Employee _____ Title _____

Training

1) SOP read for procedure on operating, cleaning, calibrating and maintenance.

2) Demonstration of procedure on operating, cleaning, calibrating and maintenance performed by supervisor or experienced user.

Competency Assessment

Staff member was observed and interviewed by supervisor or experienced user operating, cleaning, calibrating and maintaining equipment per procedure. Comment on need for additional training or observation on back of form (use additional sheets as necessary).

Equipment	**Experience** Beginner Intermediate Advanced	**Training** Date SOP #	**Demonstration** Date Required for initial training.	**Competency** Date Observed by	**Employee** Date Sign to document competency and understanding	**Supervisor** Date Sign to document competency and understanding

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Competency Assessment
Nonsterile Compounding

Employee_____ Date _____

- ☐ Capsules
- ☐ Solutions/Suspensions
- ☐ Creams/Ointments/Gels
- ☐ Molded Preparations
- ☐ Other _____

Preparation Name_____

Experience? ☐ Beginner ☐ Intermediate ☐ Advanced

Employee has completed and has documentation of all didactic training related to the process including relevant SOPS? ☐ Yes ☐ No ☐ N/A

Compounding performed per formulation record?	☐ Yes ☐ No
Equipment calibrated/used/cleaned per SOP?	☐ Yes ☐ No
Components/quantities accurate?	☐ Yes ☐ No
Lot numbers and expiration dates accurate?	☐ Yes ☐ No
QC performed (as applicable)?	☐ Yes ☐ No

Equipment used (circle): Powder Hood Balance Capsule Machine EMP Ointment Mill Hot Plate
Other (list):

Employee answers interview questions appropriately and verbalizes understanding of procedure?
☐ Yes ☐ No

Was this preparation sent for potency testing? ☐ Yes ☐ No If yes, attach a copy of lab results.

Interviewed/Observed by _____ Date _____
Is additional training or observation needed? ☐ Yes ☐ No
Comments:

Additional Training/Observation:

By _____ Date _____

Additional Training/Observation:

By _____ Date _____

Additional Training/Observation:

By _____ Date _____

Competency Assessment
Sterile Compounding — High-Risk Media Fill

Compounder_____ Observer _____

Start Date: Time: Temp: Humidity: Pressure:

End Time: Temp: Humidity: Pressure:

Soybean-Casein Digest Lot Number _____ Exp Date _____

SWFI (not bacteriostatic) Lot Number _____ Exp Date _____

Incubate control vials and test vials at 30-35C for 14 days. May stop if vial turns positive.
Document positive "+" or negative "-" on chart below.

Day	Date	Control 1	Control 2	Control 3	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

Surface Media Lot/Exp _____ Pos/Neg Control _____

Surface Test Location _____ Results ____cfu Pass? Y N

Fingertip Media Lot/Exp _____ Pos/Neg Control _____

Fingertip Post Garb: R Hand Results ___cfu Pass? Y N L Hand Results ___cfu Pass? Y N

Fingertip Post Media: R Hand Results ___cfu Pass? Y N L Hand Results ___cfu Pass? Y N

Incubate surface and fingertip samples at 30-35C for 48-72 hours. Fingertip and surface samples must not exceed 3 cfu.

Surface/Fingertip media results read on Date/Time _____

Media Fill Process: □ Pass □ Fail Confirmed by _____

Bubble Test Passing Reading _____ #1 _____ Pass? Y N #2 _____ Pass? Y N #3 _____ Pass? Y N
Tape Filters to form.

Competency Assessment
Sterile Compounding — Low or Medium-Risk Media Fill

Attach description of Media Fill Procedure.
Circle test performed: Low risk Medium risk

Compounder_____ Observer _____

Start Date: Time: Temp: Humidity:
End Time: Temp: Humidity:

Soybean-Casein Digest Lot Number _____ Exp Date _____

Incubate control vials and test vials at 30-35C for 14 days. May stop if vial turns positive.
Document positive "+" or negative "-" on chart below.

Day	Date										
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											

Surface Media Lot/Exp _____ Pos/Neg Control _____
Surface Test Location _____ Results ___cfu Pass? Y N
Fingertip Media Lot/Exp _____ Pos/Neg Control _____
Fingertip Post Garb: R Hand Results ___cfu Pass? Y N L Hand Results ___cfu Pass? Y N
Fingertip Post Media: R Hand Results ___cfu Pass? Y N L Hand Results ___cfu Pass? Y N
Incubate surface and fingertip samples at 30-35C for 48-72 hours. Fingertip and surface samples must not exceed 3 cfu.
Surface/Fingertip media results read on Date/Time _____
Media Fill Process: ☐ Pass ☐ Fail Confirmed by _____

Sterile Compounding Skills Assessment
Hand Hygiene and Garbing

_____ Presents in a clean appropriate attire and manner.
_____ Removes all jewelry, watches, etc. up to the elbows. (Removes all other visible jewelry, including piercings, that can interfere with the effectiveness of PPE).
_____ Wears no cosmetics.
_____ Brings no food or drinks into or stored in the ante areas or buffer areas.
_____ Is aware of the line of demarcation separating clean and dirty sides and observes required activities. Dons shoe covers or designated clean-area shoes one at a time, placing the covered or designated shoe on clean side of the line of demarcation as appropriate.
_____ Dons beard cover if necessary.
_____ Dons head cover assuring that all hair is covered.
_____ Dons face mask to cover bridge of nose down to include chin.
_____ Dons eye protection if necessary. Eye protection is optional unless working with irritants such as germicidal disinfecting agents or when preparing hazardous drugs.
_____ Performs hand hygiene procedure by wetting hands and forearms and washing using soap and water for at least 30 seconds starting with cleaning the fingernails under running water using a nail pic then cleaning all four surfaces of each finger and all surfaces of the hands, wrists and arms up to the elbow using a circular motion. Rinses hands holding them upright and allowing water to drip down to the elbows.
_____ Dries hands and forearms using lint-free towel.
_____ Does not touch faucet or sink during hand hygiene procedure.
_____ Dons appropriate-sized gown (free from defects, holes or tears) and ensures full closure.
_____ Disinfects hands again using a waterless alcohol-based surgical hand scrub with persistant activity and allows hands to dry thoroughly, before donning sterile gloves.
_____ Dons appropriate-sized sterile gloves ensuring that there is a tight fit with no excess glove material at the fingertips.
_____ Examines gloves ensuring that there are no defects, holes or tears. While engaging in sterile compounding activities, routinely disinfects gloves with sterile 70% IPA prior to work in the direct compounding area and after touching items or surfaces that may contaminate gloves.
_____ Removes PPE on the clean side of the ante area.
_____ Removes gloves and performs hand hygiene.
_____ Removes gown and discards it or hangs it up to be reused within the same work day.
_____ Removes and discards mask, head cover and beard cover (if used). Removes shoe covers or shoes one at a time, ensuring that uncovered foot is placed on the dirty side of the line of demarcation and performs hand hygiene again.

The person assessed is immediately informed of all unacceptable activities and shown and informed of specific corrections

Name_____ Evaluator _____ Date _____

Sterile Compounding Skills Assessment
Hood Cleaning and Aseptic Technique

_____ Performs proper hand hygiene, garbing and gloving procedures. Uses sterile gloves.
_____ Lets the hood run at least 30 minutes prior to use.
_____ Prepares (or has knowledge of) correct concentration of disinfectant solution and labels with correct expiration date.
_____ At the beginning of each shift, disinfects the hood with lint-free wipes and an appropriate disinfectant in the following order: IV Bar, walls, work surface (from cleanest to dirtiest – top down and back to front).
_____ Disinfects the hood before each batch preparation and every thirty minutes during continuous compounding.
_____ Allows the disinfectant to dry completely.
_____ Disinfects components/vials with an appropriate agent prior to placing in hood.
_____ Introduces only essential materials in a proper arrangement in hood. Brings the correct supplies. Does not block air intake.
_____ Does not interrupt, impede or divert flow of first-air to critical sites. Does not contaminate hood by coughing, sneezing, chewing gum or excessive talking. Keeps head outside hood. Glass shield, if available, lowered to a level of eight inches or less from work surface.
_____ Ensures syringes, needles and tubing remain in their individual packaging and are opened properly in hood.
_____ Performs manipulations in the appropriate area of hood.
_____ Does not expose critical sites to contact contamination or worse than ISO Class 5 air.
_____ Disinfects stoppers, injection ports and ampule necks by wiping with sterile 70% IPA and allowing sufficient time to dry.
_____ Affixes needles to syringes without contact contamination.
_____ Inserts needles into vials correctly to prevent coring.
_____ Removes and adds air to vials appropriately to prevent aspiration of contents.
_____ Allows drug to completely dissolve before removing contents.
_____ Inspects final product for particulate matter.
_____ Knows proper ampule usage (clears ampule neck of fluid before breaking, cleans neck and wraps with alcohol swab breaking away from body, HEPA-filter and other sterile products, uses filter straw/needle to withdraw contents without spilling, uses new needle to inject fluid into final container).
_____ Disinfects sterile gloves routinely by wiping with sterile 70% IPA during prolonged compounding manipulations.
_____ Disposes of sharps and waste according to recognized guidelines.
_____ Only sterile alcohol is used in cleanroom.

The person assessed is immediately informed of all unacceptable activities and shown and informed of specific corrections

Name_____ Evaluator _____ Date _____

Sterile Compounding Skills Assessment
Cleaning and Disinfecting Procedures

Daily Tasks:

_____ Prepares correct concentration of disinfectant solution according to manufacturer's instructions.
_____ Uses appropriately labeled container for the type of surface to be cleaned (floor, wall, production bins, etc.).
_____ Documents disinfectant solution preparation.
_____ Follows garbing procedures when performing any cleaning activities.
_____ At the beginning of each shift, cleans all ISO Class 5 devices prior to compounding .
_____ Uses a lint free wipe soaked with sterile 70% IPA or other approved disinfectant solution and allows to dry completely.
_____ Removes all compounder components and cleans all ISO Class 5 areas as stated above at the end of each shift.
_____ Cleans all counters and easily cleanable work surfaces.
_____ Mops floors, using the mop labeled "floors," starting at the wall opposite the room entry door; mops floor surface in even strokes toward the operator. Moves carts as needed to clean entire floor surface. Use of a microfiber cleaning system is an acceptable alternative to mops.
_____ In the ante-area, cleans sink and all contact surfaces; cleans floor with a disinfectant solution or uses microfiber cleaning system.

Monthly Tasks:

_____ Performs monthly cleaning on a designated day. Prepares a disinfectant solution as stated in daily tasks that is appropriate for the
surfaces to be cleaned.
_____ Cleans buffer area and ante-area ceiling, walls, and storage shelving with a disinfectant solution and a mop or uses a microfiber cleaning system.
_____ Once ISO Class 5 area is clean, cleans compounding room ceiling, followed by walls and ending with the floor. Uses appropriate labeled mops or microfiber cleaning system.
_____ Cleans all buffer area totes and storage shelves by removing contents and using a germicidal detergent soaked lint free wipe, cleans the inside surfaces of the tote and then the entire exterior surfaces of the tote. Allows totes to dry. Prior to replacing contents into tote, wipes tote with sterile 70% IPA to remove disinfectant residue. Uses new wipe as needed.
_____ Cleans all buffer area carts by removing contents and using germicidal detergent soaked lint free wipe, cleans all carts starting with the top shelf and top of post, working down to wheels. Cleans the under side of shelves in a similar manner. Uses a new wipe for each cart. Allows to dry. Wipes carts with sterile 70% IPA wetted lint-free wipe to remove any disinfectant residue. Uses new wipe as needed.
_____ Cleans buffer area chairs, the interior and exterior of trash bins, and storage bins using disinfectant solution soaked lint free wipe.
_____ Documents all cleaning activities as to who performed such activities with date and time noted.
The person assessed is immediately informed of all unacceptable activities and shown and informed of specific corrections

Name_____ Evaluator _____ Date ___

Gloved Fingertip
Initial Assessment

Compounder_____ Signature _____

Start Date	End Date	R Hand cfu	Pass/Fail	L Hand cfu	Pass/Fail	Read by
			□ Pass □ Fail		□ Pass □ Fail	
			□ Pass □ Fail		□ Pass □ Fail	
			□ Pass □ Fail		□ Pass □ Fail	

Incubate surface and fingertip samples at 30-35C for 48-72 hours.
Note: Fingertip samples with zero cfu needed post garbing x 3 before initially performing sterile compounding.
Keep this form retrievable.

Confirmed by _____ Signature _____

Pharmacist Check Competency Assessment

Employee _____ Date _____

Employee experience level with process ☐ Beginner ☐ Intermediate ☐ Advanced

Initial - Employee has completed and has documentation of all didactic training related to the process including relevant SOPS? ☐ Yes ☐ No ☐ N/A

Initial - Demonstration of process by supervisor or experienced pharmacist performed?
☐ Yes ☐ No ☐ N/A by_____ Date_____

Observation of process by supervisor or experienced pharmacist checker performed:

Preparation/Strength/Dosage Form _____

Verified compounding record to original written order or refill information? ☐ Yes ☐ No ☐ N/A
Verified accuracy of original written order (on new prescriptions)? ☐ Yes ☐ No ☐ N/A
Verified accuracy of patient label including IACP and other auxiliary label? ☐ Yes ☐ No ☐ N/A
Verified as follows :

Formula accuracy including calculations?	☐ Yes ☐ No ☐ N/A
Compounding record complete and accurate?	☐ Yes ☐ No ☐ N/A
BUD?	☐ Yes ☐ No ☐ N/A
Quantity?	☐ Yes ☐ No ☐ N/A
Packaging and storage requirements?	☐ Yes ☐ No ☐ N/A
Capsule size and color ?	☐ Yes ☐ No ☐ N/A
Expected weight (including accuracy of dispensing device)?	☐ Yes ☐ No ☐ N/A
Color, odor, uniformity, integrity, viscosity?	☐ Yes ☐ No ☐ N/A
Clarity, no particles or leaks?	☐ Yes ☐ No ☐ N/A
pH?	☐ Yes ☐ No ☐ N/A
Sterility method and testing?	☐ Yes ☐ No ☐ N/A
Bubble test?	☐ Yes ☐ No ☐ N/A

Employee answers interview questions appropriately and verbalizes understanding of procedure?
☐ Yes ☐ No

Is additional training or observation needed? ☐ Yes ☐ No
Comments:

Observed/Interviewed by _____ Date _____

Additional Training/Observation:

By _____ Date _____

Pharmacist Counseling Competency Assessment

Employee _____ Date _____

Employee experience level with process ☐ Beginner ☐ Intermediate ☐ Advanced

Initial - Employee has completed and has documentation of all didactic training related to the process including relevant SOPS? ☐ Yes ☐ No ☐ N/A

Initial - Demonstration of process by supervisor or experienced pharmacist performed?
☐ Yes ☐ No ☐ N/A by_____ Date_____

Observation of process by supervisor or experienced pharmacist checker performed:

Preparation/Strength/Dosage Form _____

Preparation name, strength, dosage form?	☐ Yes ☐ No ☐ N/A
Route of administration?	☐ Yes ☐ No ☐ N/A
Duration of therapy?	☐ Yes ☐ No ☐ N/A
Proper use?	☐ Yes ☐ No ☐ N/A
Proper storage?	☐ Yes ☐ No ☐ N/A
Proper handling?	☐ Yes ☐ No ☐ N/A
Proper disposal?	☐ Yes ☐ No ☐ N/A
Warnings and side effects?	☐ Yes ☐ No ☐ N/A
Signs of Deterioration?	☐ Yes ☐ No ☐ N/A
Action to be taken in the event of a missed dose?	☐ Yes ☐ No ☐ N/A
Refill information?	☐ Yes ☐ No ☐ N/A

Were the patient's questions answered adequately ☐ Yes ☐ No ☐ N/A

Employee answers pre/post-counseling interview questions appropriately and verbalizes understanding of procedure? ☐ Yes ☐ No

Is additional training or observation needed? ☐ Yes ☐ No
Comments:

Observed by _____ Date _____

Additional Training/Observation:

By _____ Date _____

Training File Checklist
Non-Compounding Staff

Annually

Yr _____

____ HIPAA Training
____ Safety Training (including Hazmat & Ack)
____ SOPs Read

Yr _____

____ HIPAA Training
____ Safety Training (including Hazmat & Ack)
____ SOPs Read

Yr _____

____ HIPAA Training
____ Safety Training (including Hazmat & Ack)
____ SOPs Read

Training File Checklist
Nonsterile Only Staff

Year _____

Annually

____ HIPAA Training
____ Safety Training (including Hazmat & Ack)
____ SOPs Read
____ USP 795 Training w/Quiz
____ Calculations

NS Personnel Competency Assessment
____ Capsules
____ Creams, Gels, Ointments
____ Troches, Loz, Supps, Lollipops
____ Solutions, Suspensions
____ Hazardous Chemical Handling

Potency Testing
____ Capsules
____ Creams, Gels, Ointments
____ Troches, Loz, Supps, Lollipops
____ Solutions, Suspensions

Training File Checklist
Sterile Only Staff

Year _____

Every Six Months

Potency Testing
____ ____ Filtration
____ ____ Steam
____ ____ Dry Heat

Sterile Personnel Competency Assessment
____ ____Media Fill
____ ____Skills Assessment
____ ____Fingertip Testing
____ ____USP 797/Aseptic Training w/Quiz

Annually

____ HIPAA Training
____ Safety Training (including Hazmat & Ack)
____ Hazardous Chemical (if applicable)
____ SOPs Read
____ Calculations

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Training File Checklist
Sterile/NS Staff
Year _____
Every Six Months
Sterile Personnel Competency Assessment
____ ____High Risk Media Fill
____ ____Skills Assessment
____ ____Fingertip Testing
____ ____USP 797/Aseptic Training w/Quiz

Annually
____ HIPAA Training
____ Safety Training (including Hazmat & Ack)
____ SOPs Read
____ USP 795 Training w/Quiz
____ Calculations
____ Low/Medium Risk Media Fill

NS Personnel Competency Assessment
____ Capsules
____ Creams, Gels, Ointments
____ Troches, Loz, Supps, Lollipops
____ Solutions, Suspensions
____ Hazardous Chemical

Potency Testing
____ Capsules
____ Creams, Gels, Ointments
____ Troches, Loz, Supps, Lollipops
____ Solutions, Suspensions

____ Filtration
____ Steam
____ Dry Heat

Training File Checklist
Pharmacists

Year _____

Every Six Months

Sterile Personnel Competency Assessment

____ ____High Risk Media Fill
____ ____Skills Assessment
____ ____Fingertip Testing
____ ____USP 797/Aseptic Training w/Quiz

Annually

____ HIPAA Training
____ Safety Training (including Hazmat & Ack)
____ SOPs Read
____ USP 795 Training w/Quiz
____ Calculations
____ Low/Medium Risk Media Fill

Pharmacist Personnel Competency Assessment

____ Checking
____ Counseling

NS Personnel Competency Assessment (if applicable)

____ Capsules
____ Creams, Gels, Ointments
____ Troches, Loz, Supps, Lollipops
____ Solutions, Suspensions
____ Hazardous Chemical

Potency Testing (if applicable)

____ Capsules
____ Creams, Gels, Ointments
____ Troches, Loz, Supps, Lollipops
____ Solutions, Suspensions

____ Filtration
____ Steam
____ Dry Heat

Staff Meeting Minutes

Staff Signatures:

Old Business:

New Business:

Any quality issues this week? Errors?
Near Misses? Good Catches?

Any privacy (HIPAA) or security issues
this week?

Compliance Report:

Training:

1.0 Purpose

1.1 The purpose of this procedure is to establish requirements for deactivation, decontamination, cleaning and disinfection of HD and non-HD compounding areas at Boudreaux's New Drug Store to ensure quality of compounded preparations and safety of personnel.

2.0 Definitions

2.1 HD Hazardous Drug

2.2 SDS Safety Data Sheet

2.3 PPE Personal Protective Equipment

2.4 Deactivation renders a compound inactive. If no specific information is available on SDS then use Peridox RTU (using three-minute contact time), Clorox Healthcare Bleach Germicidal Wipes or Clorox Healthcare Hydrogen Peroxide Cleaner Disinfectant Wipes (using a three-minute contact time), sodium hypochlorite 5000 - 6000 ppm (using 10 minute contact time) or other EPA- registered oxidizer (following labeled contact time).

2.5 Decontamination removes inactivated substances. If no specific information is available on SDS then use Peridox RTU (using three-minute contact time), Clorox Healthcare Bleach Germicidal Wipes or Clorox Healthcare Hydrogen Peroxide Cleaner Disinfectant Wipes (using a three-minute contact time), sodium hypochlorite 5000 - 6000 ppm (using 10 minute contact time) or other EPA- registered oxidizer (following labeled contact time).

2.6 Cleaning removes organic and inorganic matter. Use one-step disinfectant cleaner on surfaces. Use Alconox (or equivalent) products for glassware and utensils (e.g. Alcotabs in the dishwasher and Liquinox for handwashing).

2.7 Disinfection destroys microorganisms. May use 70% IPA or EPA-registered disinfectant. 70% IPA used in ISO-classified areas must be sterile.

3.0 Procedure

3.1 This procedure applies to all personnel involved with cleaning activities.

3.2 Agents selected must be appropriate for the type of contaminant, location, and surface materials. Agents used in HD areas should be applied through the use of wipes wetted with appropriate solution and not delivered by a spray bottle to avoid spreading HD residue. All disposable materials must be discarded in appropriate waste containers. No cleaning step may be performed when compounding activities are occurring. Ensure adequate contact times. Options include:

3.2.1 Sodium Hypochlorite at 5000 – 6000 ppm. Concentrations vary. BUD is 5 days. Contact time is 10 minutes when used as a sporicidal disinfectant.

3.2.1.1 Bleach 5.25% has 52500 ppm of sodium hypochlorite so for 5000 ppm, use 97.5 ml bleach and 902.5 ml SWFI and for 6000 ppm, use 102.6 ml bleach and 897.4 ml SWFI. Bud is 5 days.

3.2.1.2 Bleach 8.25% has 82500 ppm of sodium hypochlorite so for 5000 ppm, use 60.6ml bleach and 939.4 ml SWFI and for 6000 ppm, use 72.7ml bleach and 927.3 ml SWFI. BUD 5 days.

3.2.2 Or deactivate, decontaminate, and clean with **Peridox RTU** as follows:

1. Remove excess liquid from surface to be treated using a dry wiper
2. Saturate a new dry wiper with Peridox RTU solution.
3. Clean the surface with the saturated wiper, utilizing overlapping, unidirectional strokes.
4. Repeat steps 2-3. Leave the surface wet with Peridox RTU for at least 3 minutes.
5. Finish by wiping surface with 70% Isopropyl alcohol.
6. Discard contaminated wipers in trace hazardous waste container.

3.2.3 Or deactivate, decontaminate, and clean with **Clorox Healthcare Bleach Germicidal Wipes** or **Clorox Healthcare Hydrogen Peroxide Disinfectant Wipes** as follows:

1. Remove excess liquid from surface to be treated using a dry wiper
2. Take a new disinfectant wipe and fold it in half. Wipe the surface until

completely wet. Wipe in unidirectional strokes, overlapping a portion of the previously wiped surface each time. If you are cleaning a large area, you may need to use several wipes.

3. Repeat steps 2 with a new disinfectant wipe. Leave the surface wet with for at least 3 minutes.

4. Finish by wiping surface with 70% Isopropyl alcohol.

5. Discard contaminated wipers in a manner consistent with facility guidelines and local regulations.

3.3 Personnel must be garbed appropriately for the area. See SOPs 1.30 Nonsterile Compounding Area, 1.35 Nonsterile HD Compounding Area, 1.40 Sterile Compounding Area, and 1.45 Sterile HD Compounding Area for garbing and PPE requirements and frequency of activities.

3.4 **Nonsterile Area**

3.4.1 **Non-HD Area** and all reusable equipment and devices must be cleaned. Re-usable storage containers must also be disinfected. A disinfectant with sporicidal activity should be used at least monthly.

3.4.1.1 Cleaning supplies should be stored in and dedicated for use in the Non-HD Area.

3.4.2 **HD Area** and all reusable equipment and devices must be deactivated, decontaminated, and cleaned. Re-usable storage containers must also be disinfected. A disinfectant with sporicidal activity should be used at least monthly.

3.4.2.1 Cleaning supplies must be stored in and dedicated for use in the HD Area.

3.4.2.2 Glassware and utensils used in HD compounding must be either wiped with Peridox RTU or Clorox Healthcare Bleach Germicidal Wipes or Clorox Healthcare Hydrogen Peroxide Disinfectant Cleaner (allowing a 3 minute contact time); or soaked in a 5000-6000 ppm sodium hypochlorite solution (for at least 10 minutes) before washing with a lab grade detergent (Alconox product) and rinsing thoroughly.

3.4.2.3 A disinfectant with sporicidal properties (e.g. Peridox RTU

or Clorox Healthcare Bleach Germicidal Wipes) should be used on all surfaces at least monthly. Note: Clorox Healthcare Hydrogen Peroxide Germicidal Wipes do not have sporicidal activity.

3.5 **ISO-Classified Areas**

3.5.1 All cleaning materials, such as wipers, sponges, and mops used in ISO-classified areas must be nonshedding, preferably composed of synthetic micro fibers, and dedicated to use in the Non-HD or HD ISO-classified and must not be removed from these areas except for disposal. Agents and wipers used in ISO Class 5 must be sterile. Agents and wipers used in ISO Class 7 or 8 should be sterile. Cleaning materials used in HD areas may not be used in non-HD areas.

3.5.2 **Non-HD** ante-room and (positive pressure) buffer room and all reusable equipment must be cleaned and disinfected. A disinfectant with sporicidal activity must be used at least monthly. Floor must have a designated mop labeled 'Floor'. Floor mops may be used in both the buffer room and ante-room, but only in that order.

3.5.3 **HD C-SEC** (negative pressure buffer room) All areas and all reusable equipment and devices must be deactivated, decontaminated, cleaned, and disinfected. A disinfectant with sporicidal activity must be used on all surfaces at least monthly. Floor must have a designated mop labeled 'Floor'.

3.6 **HD Dispensing Area** counting trays and spatulas should be dedicated to HDs and should be decontaminated after each use.

3.7 **HD Receiving Area** tables, countertops and floors must be deactivated, decontaminated, and cleaned each day of use and after spills.

3.8 All personnel who perform deactivation, decontamination, cleaning, and disinfection activities must be trained in appropriate procedures to protect themselves and the environment from contamination.

3.9 FDA Insanitary conditions include visible microbial and nonmicrobial contamination, glass particles, vermin, hair, and rust. Report these conditions to the PIC and remedy immediately.

3.10 See Attachment 1 for Deactivating, Decontaminating, Cleaning and Disinfecting Agents in Use.

4.0 References

4.1 Louisiana Board of Pharmacy Laws & Rules

4.2 USP <795> Pharmaceutical Compounding – Nonsterile Preparations

4.3 USP <797> Pharmaceutical Compounding – Sterile Preparations

4.4 USP <800> Hazardous Drugs – Handling in Healthcare Settings

5.0 Attachments

5.1 Attachment 1 Deactivating, Decontaminating, Cleaning and Disinfecting Agents in Use

☐ Draft ☐ Final Approved by _____ This policy implemented on_____	Annual Policy Review Reviewer/Date _____ Reviewer/Date _____ Reviewer/Date _____

Deactivating, Decontaminating, Cleaning and Disinfecting Agents in Use

Non-HD Nonsterile Area	Hoods, Carts, Work Surfaces	Dwell Time	Equipment	Dwell Time	Floor	Dwell Time	Walls, Ceilings, Storage	Dwell Time	Other	Dwell Time
One-Step Agent	Peridox RTU	3 m	Peridox RTU	3 min	Peridox RTU	3 m	Peridox RTU	3 min	N/A	N/A
Disinfectant	70% IPA	Until dry	70% IPA	Until dry	N/A	N/A	N/A	N/A	N/A	N/A
Monthly Sporicidal	Peridox RTU	3 m	Peridox RTU	3 min	Peridox RTU	3 m	Peridox RTU	3 min	N/A	N/A
HD Nonsterile Area	**Hoods, Carts, Work Surfaces**	**Dwell Time**	**Equipment**	**Dwell Time**	**Floor**	**Dwell Time**	**Walls, Ceilings, Storage**	**Dwell Time**	**Other**	**Dwell Time**
DDC Agent	Peridox RTU	3 m	Peridox RTU	3 min	Peridox RTU	3 m	Peridox RTU	3 min	N/A	N/A
Disinfectant	70% IPA	Until dry	70% IPA	Until dry	N/A	N/A	N/A	N/A	N/A	N/A
Monthly Sporicidal	Peridox RTU	3 m	Peridox RTU	3 min	Peridox RTU	3 m	Peridox RTU	3 min	N/A	N/A
Non-HD Sterile Area	**Hoods, Carts, Work Surfaces**	**Dwell Time**	**Equipment**	**Dwell Time**	**Floor**	**Dwell Time**	**Walls, Ceilings, Storage**	**Dwell Time**	**Other**	**Dwell Time**
One-Step Agent	Peridox RTU	3 m	Peridox RTU	3 min	Peridox RTU	3 m	Peridox RTU	3 min	N/A	N/A
Disinfectant	Sterile 70% IPA	Until dry	Sterile 70% IPA	Until dry	N/A	N/A	N/A	N/A	N/A	N/A
Monthly Sporicidal	Peridox RTU	3 m	Peridox RTU	3 min	Peridox RTU	3 m	Peridox RTU	3 min	N/A	N/A
HD Sterile Area	**Hoods, Carts, Work Surfaces**	**Dwell Time**	**Equipment**	**Dwell Time**	**Floor**	**Dwell Time**	**Walls, Ceilings, Storage**	**Dwell Time**	**Other**	**Dwell Time**
DDC Agent	Peridox RTU	3 m	Peridox RTU	3 min	Peridox RTU	3 m	Peridox RTU	3 min	N/A	N/A
Disinfectant	Sterile 70% IPA	Until dry	Sterile 70% IPA	Until dry	N/A	N/A	N/A	N/A	N/A	N/A
Monthly Sporicidal	Peridox RTU	3 m	Peridox RTU	3 min	Peridox RTU	3 m	Peridox RTU	3 min	N/A	N/A
HD Receiving Area	**Tables, Carts, Work Surfaces**	**Dwell Time**	**Floor**	**Dwell Time**	**HD Dispensing**	**Dwell Time**	**Counting Trays**	**Dwell Time**	**Other**	**Dwell Time**
DDC Agent	Peridox RTU	3 m	Peridox RTU	3 min	Peridox RTU	3 m	Peridox RTU	3 min	N/A	N/A
Disinfectant	70% IPA	Until dry	N/A	N/A	70% IPA	Until dry	70% IPA	Until	N/A	N/A
Monthly Sporicidal	Peridox RTU	3 m	Peridox RTU	3 min	Peridox RTU	3 m	Peridox RTU	3 min	N/A	N/A

1.0 Purpose

1.1 The purpose of this procedure is to establish requirements for the sterile non-hazardous compounding area at Boudreaux's New Drug Store to ensure quality of compounded preparations and safety of personnel.

2.0 Definitions

2.1 HD Hazardous Drug

2.2 Ante-room An ISO Class 8 or better transition room between the buffer room(s) and nonsterile compounding area. Ante-room leading into an HD buffer room must be ISO Class 7 or better.

2.3 Buffer room An ISO Class 7 or better room containing the Primary Engineering Control.

2.4 Primary Engineering Control (PEC) Laminar Airflow Workbench (LAFW) or Compounding Aseptic Isolator (CAI) which provides an ISO Class 5 environment for sterile compounding.

2.5 CFU Colony forming unit

2.6 ACPHs Air changes per hour.

3.0 Procedure

3.1 This procedure applies to all personnel involved with sterile compounding activities.

3.2 Boudreaux's New Drug Store must perform sterile non-HD compounding in accordance with USP <797> (and other applicable USP chapters) and standards of practice adopted by the Louisiana Board of Pharmacy and by national practices and standards adopted by government and non-government standard setting organizations.

3.3 Compounding and storage of HDs must not occur in sterile non-HD compounding areas except as permitted by assessment of risk.

3.4 Only authorized personnel must be permitted to enter ISO-classified areas. No food or beverages may be consumed and no lip balm or cosmetics may be applied in these areas. Personal items must not be brought into these areas. .

3.4.1 Sterile compounding personnel must be garbed according to task. Garb must include scrubs (preferred), gown, shoe covers, hair covering, beard cover (if applicable), mask, and eye protection (as needed). Sterile gloves must be worn in ISO-classified areas.

3.4.2 Before entering the ante-room, remove

3.4.2.1 Bandanas, coats, hats, jackets, scarves, sweaters, vests, etc. Religious headwear should be cleaned daily.

3.4.2.2 Cosmetics.

3.4.2.3 Hand, wrist and other visible jewelry.

3.4.2.4 Nail polish and artificial nails. Natural nails should be kept neat and trimmed.

3.4.3 Don garb from dirtiest to cleanest starting by donning shoe covers as you cross the line of demarcation onto the clean side then don hair cover, beard cover (if applicable), mask and eye protection (as needed) before hand washing.

3.4.5 Hand washing must be performed by first cleaning fingernails under running water using a disposable nail pic then vigorously washing all surfaces of hands and forearms for at least 30 seconds with soap (either nonantimicrobial or antimicrobial) followed by thorough rinsing and drying.

3.4.6 After hand washing, don a nonshedding knee length gown closed at the wrists and neck then enter the (positive pressure) non-HD buffer room. Prior to donning sterile gloves, antiseptic hand cleansing must be performed using waterless alcohol-based surgical hand scrub with persistent activity.

3.4.7 After donning sterile gloves, sterile 70% isopropyl alcohol must be used to disinfect gloves. Gloves must be disinfected periodically throughout the compounding process and whenever nonsterile surfaces are touched. When performing cleaning or pre-sterilization activities before compounding in the ISO-5 PEC, don a new pair of sterile gloves in the buffer room before compounding in the ISO-5 PEC.

3.4.8 When compounding is complete, gown may be reused during the

work shift if not visibly soiled but other disposable garb must be removed and discarded. Gown must remain in the ante-room.

3.5 Sterile non-HD compounding must be performed in a PEC situated in an ISO Class 7 or better buffer room with at least 30 ACPH and a minimum pressure of 0.02 inches of water. PEC must be turned on a minimum of thirty minutes prior to compounding. Document pressure each day of use on Sterile Compounding Area Cleaning and Environmental Monitoring Log (Attachment 1) or equivalent log.

3.5.1 Pre-sterilization procedures such as weighing and mixing of powder APIs must be completed in a powder containment hood located in no worse than an ISO Class 8 environment.

3.5.2 ISO-classified areas must be certified under dynamic conditions by an authorized service provider before first use, when adding or removing fixtures or equipment, after maintenance, and at least every six months.

3.5.2.1 Viable and nonviable particle sampling

3.5.2.1.1 Viable particle sampling using impaction method must include testing for bacteria and fungus using two media (TSA and MEA or other suitable fungal medium). Document lot numbers and expiration dates of media. Collect 400-1000 liters of air per sample (1000 liters preferred, especially in PEC). Report results in cfu per cubic liter. Report control sample for each medium. Document time of day sampling was performed. Results must not exceed cfu > 1 ISO Class 5, cfu > 10 ISO Class 7, cfu> 100 ISO Class 8 or be identified as highly pathogenic (regardless of number of cfu). All growth must be identified to at least the genus level.

3.5.2.1.2 Any cfu count that exceeds its respective action level should prompt a re-evaluation of the adequacy of personnel work practices, cleaning procedures, operational procedures, and air filtration efficiency within the aseptic compounding location. An investigation into the source of the contamination must be conducted. Sources could include HVAC systems, damaged HEPA filters, and changes in personnel garbing or work practices. The source of the problem must be eliminated, the affected area cleaned, and resampling performed.

3.5.2.2 Filter integrity

3.5.2.2.1 Filter integrity testing must be performed on HEPA filters located in ceiling and PEC every six months.

3.5.2.3 Air exchanges

3.5.2.3.1 ACPH must be no less than 30.

3.5.2.4 Air pressure

3.5.2.4.1 Pressure must be in the range of 0.02 to 0.05 inches of water in positive pressure areas and in the range of – 0.01 to -0.03 inches of water in negative pressure areas.

3.5.2.5 Smoke testing

3.5.2.5.1 Perform smoke testing on rooms initially and after maintenance or moving equipment.

3.5.2.5.2 Perform and record smoke testing under most strenuous dynamic conditions on PEC every certification cycle.

3.5.2.6 Issues with clean room certification must be investigated and documented per SOP 6.20 Quality-Related Events.

3.6 Temperature should be maintained at 20°C (68°F) or cooler and humidity should be maintained under 60%. Document temperature and humidity of sterile compounding area on Cleaning and Calibration Log (SOP 1.30 Attachment 1B) or equivalent log. See SOP 1.30 Nonsterile Compounding Area for excursion allowances.

3.7 ISO-classified areas must be clean and organized to prevent mix-ups or cross-contamination. Areas must be examined for signs of rust and if found, removed immediately. Cleaning should be performed by using germicidal detergent or one-step cleaner-disinfectant using a low lint wipe. An appropriate disinfectant must be used allowing adequate contact time. See SOP 1.25 Cleaning Procedures for current cleaning agents in use.

3.7.1 **Primary engineering control** Clean and disinfect from cleanest to dirtiest (i.e. top to bottom and back to front) each day of use at the beginning of each work shift, before each batch preparation, every 30 minutes during continuous

compounding, when spills occur and when surface contamination is known or suspected. Document initial cleaning and disinfection on Sterile Compounding Area Cleaning and Environmental Monitoring Log (Attachment 1) or equivalent log. Document subsequent cleaning and disinfection on compounding record.

3.7.1.1 Sporicide must be used at least monthly.

3.7.1.2 Excess equipment or supplies must not be kept in PEC.

3.7.2 **Non-HD Buffer Rooms and Ante-room** Cleaning and disinfection must not occur at the same time as compounding.

3.7.2.1 **Work Surfaces** – Daily cleaning and disinfection.

3.7.2.2 **Sink** – Daily cleaning and disinfection

3.7.2.3 **Floors** – Daily Non-HD buffer rooms first from far wall to door followed by ante-room from far wall to door using germicidal detergent or one-step cleaner-disinfectant.

3.7.2.4 **Trash** must be removed daily and trash containers cleaned and disinfected (if present).

3.7.2.5 **Ceiling – Monthly** cleaning and disinfection using sporicidal agent. Non-HD buffer rooms first from far wall to door followed by ante-room from far wall to door. Ceiling tiles must be sealed.

3.7.2.6 **Walls – Monthly** cleaning and disinfection using sporicidal agent. Non-HD buffer rooms first from far wall to door followed by ante-room from far wall to door.

3.7.2.7 **Storage areas and carts – Monthly** cleaning and disinfection using sporicidal agent.

3.7.2.7 Document cleaning and disinfection on Sterile Compounding Area Cleaning and Environmental Monitoring Log (Attachment 1 and 1C) or equivalent log.

3.8 **Equipment and supplies** Remove supplies from shipping containers before entering ante-room. Stage equipment and supplies by wiping with sterile 70% isopropyl alcohol using a low lint wipe before entering ante-room, buffer room, and ISO-

Class 5 PEC. Only supplies needed for compounding must enter the buffer room. Cardboard must not enter the buffer room and paper should be kept to a minimum. Sterile syringes and similar items packaged in paper may be opened at the edge of the PEC rather than being wiped with disinfectant.

3.9 **Environmental monitoring** using surface testing must be performed to verify cleaning and disinfection processes. Obtain media (TSA with Lecithin and polysorbate 80), document lot number and expiration date. Aseptically remove cover and touch agar to surface then replace cover. Surface samples must be taken from PECs, buffer room, ante-room, and pass-throughs upon completion of sterile compounding and prior to cleaning. Minimum initial requirements are weekly for three weeks then if below action level may perform monthly. Positive and negative controls must be performed. Certificate of analysis should be kept on file for two years.

3.9.1 Incubate TSA with Lecithin and polysorbate 80 at 30°-35°C for 48 to 72 hours. Document results on Sterile Compounding Area Cleaning and Environmental Monitoring Log (Attachment 1A) or equivalent log. Results must not exceed cfu > 3 Gloved Fingertips and ISO Class 5, cfu > 5 ISO Class 7, cfu> 100 ISO Class 8. All growth that exceeds these limits must be identified to at least the genus level.

3.9.2 If cfus exceed limits, a thorough cleaning and/or review of aseptic technique and manipulative skills and/or appropriate review of disinfecting of nonsterile components when introducing them into the clean room should be performed and documented according to SOP 6.20 Quality-Related Events. To verify any improvements or changes to procedures, surface testing is to be performed every week for three weeks then monthly.

3.10 **Aseptic technique** must be used at all times when working in the PEC. Use slow purposeful movements. Avoid coughing or sneezing over the work area. Minimize talking. Avoid leaning over the work area and resting hands on the work area. Direct Compounding Area (DCA) begins four inches above surface. Ensure critical sites receive first air from HEPA filter. Do not allow hands, equipment or supplies to come between (shadow) critical sites and first air. Do not allow critical sites to touch hands or

any nonsterile surface. Critical sites include but are not limited to needles; syringe tips, inner shafts and barrels; rubber stoppers on vials and IV bags; and open tops of vials and beakers. Disinfect sterile gloves with sterile 70% isopropyl alcohol every time they leave the PEC before re-entering PEC.

4.0 References

4.1 Louisiana Board of Pharmacy Laws & Rules
4.2 USP <797> Pharmaceutical Compounding – Sterile Preparations (2008)
4.2 USP <800> Hazardous Drugs – Handling in Healthcare Settings (2020)

5.0 Attachments

5.1 Attachment 1 Sterile Area Cleaning and Environmental Monitoring Log

☐ Draft ☐ Final Approved by _____ This policy implemented on_____	Annual Policy Review Reviewer/Date _____ Reviewer/Date _____ Reviewer/Date _____

Sterile Compounding Area
Cleaning and Environmental Monitoring Log Non-HD Area Month/Year _____

Perform daily cleaning with one-step disinfectant cleaner. Document agent/contact time:
Daily Disinfectant: Sterile 70% IPA

	Pressure 1 Ante to NS	**Pressure 2** + Buffer to Ante	**Non-HD BSC** Cleaned & Disinfected	**S Balance 1** Calibrated	**S Powder Hood 1** Cleaned & Disinfected	**Work Surfaces** Cleaned & Disinfected	**Equipment/Devices** Cleaned & Disinfected	**Sink** Cleaned & Disinfected	**Floors** Cleaned & Disinfected	**Trash Empty** Trash can cleaned & disinfected
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
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Notify PIC if out of range and document per SOP 6.20. Positive pressure areas at least 0.02 inch of water.

Reviewed By: _____ Date: _____

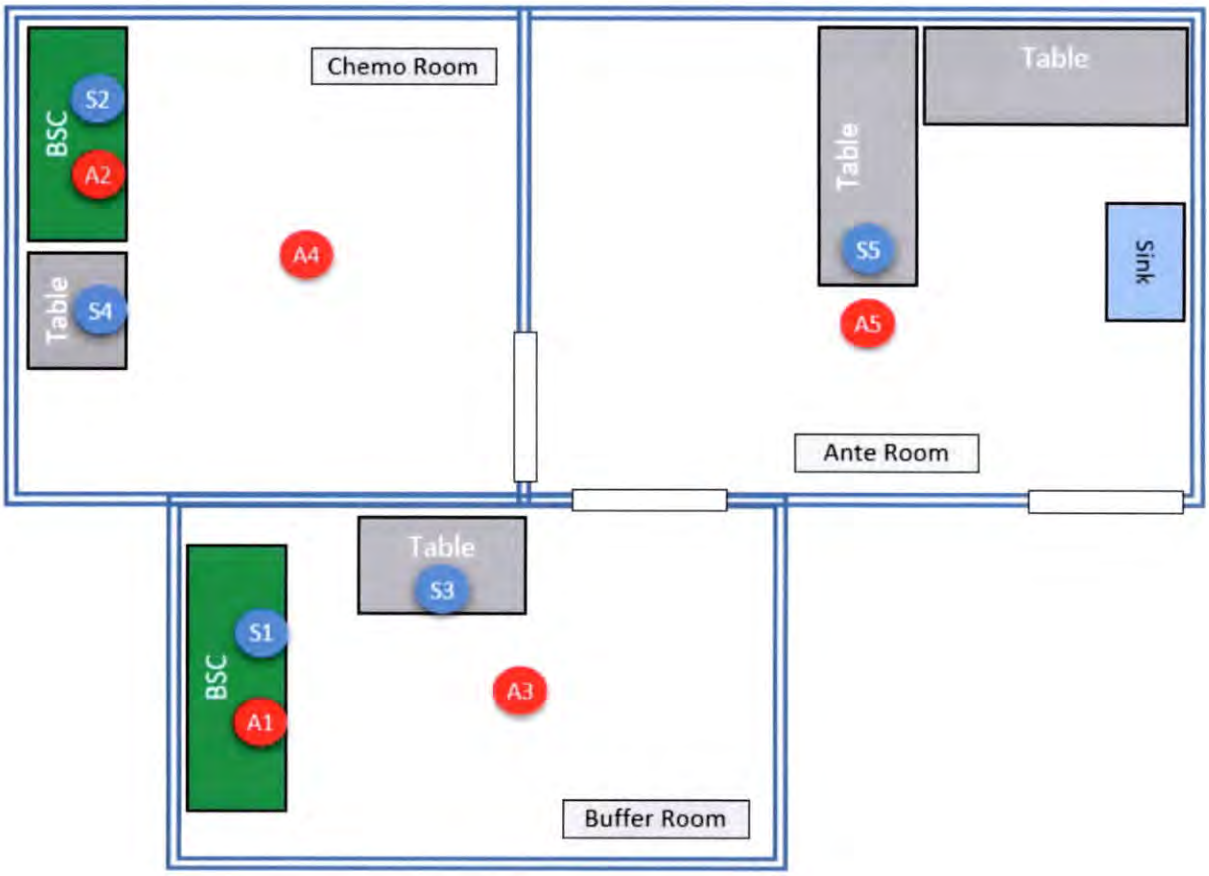
Sterile Compounding Area
Cleaning and Environmental Monitoring Log

Date _____

Surface Testing (Incubate TSA 30-35C 48-72 hours.)

Date	Location	Media	Media Lot/Exp	Temp	Date Read	Result # CFU	Pass? (Y/N)
	Ante	TSA					
	Non-HD Buffer	TSA					
	Non-HD BSC	TSA					
	HD Buffer	TSA					
	HD BSC	TSA					
	Control-Neg	TSA					

Notify PIC if cfu > 3 ISO 5: cfu > 5 ISO 7 and document per SOP 6.20.



Map depicts air and surface sample locations taken by cleanroom certification company.
Document surface sample locations taken by pharmacy personnel.

Reviewed By: _____ **Date:** _____

Sterile Compounding Area
Cleaning and Environmental Monitoring Log Month/Year _____

Monthly Cleaning and Disinfection
Non-HD Sterile Compounding Area
Clean and disinfectant anteroom and buffer room. Disinfectant must have sporicidal activity. Document agents and dwell times.

Start time _____ End time _____

	Agent	Dwell Time	Agent	Dwell Time	Performed by
LAFW 1	Peridox RTU	3 min	Sterile 70% Isopropyl Alcohol	Until dry	
Ceiling, walls	Peridox RTU	3 min	Sterile 70% Isopropyl Alcohol	Until dry	
Floor	Peridox RTU	3 min	Sterile 70% Isopropyl Alcohol	Until dry	
Storage, carts, etc.	Peridox RTU	3 min	Sterile 70% Isopropyl Alcohol	Until dry	

Monthly Deactivation, Decontamination, Cleaning and Disinfection
HD Sterile Compounding Area
Deactivate, decontaminate, clean, and disinfect HD buffer room. One agent must have sporicidal activity. Document agents and dwell times.

Start time _____ End time _____

	Agent	Dwell Time	Agent	Dwell Time	Agent	Dwell Time	Performed by
HD BSC 1 & under tray.	Peridox RTU	3 min	Peridox RTU	3 min	Sterile 70% Isopropyl Alcohol	Until dry	
Ceiling, walls	Peridox RTU	3 min	Peridox RTU	3 min	Sterile 70% Isopropyl Alcohol	Until dry	
Floor	Peridox RTU	3 min	Peridox RTU	3 min	Sterile 70% Isopropyl Alcohol	Until dry	
Storage, carts, etc.	Peridox RTU	3 min	Peridox RTU	3 min	Sterile 70% Isopropyl Alcohol	Until dry	

Monthly cleaning in both HD and non-HD areas must be completed in the same day not during compounding operations.

Quarterly Pre-Filter Check Date _____? Changed? ☐ Yes ☐ No, not needed. By _____

DP Review _____ Date_____

12

12A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Packaging Coordinators, Inc.

Physical Address: 3001 Red Lion Road

City: Philadelphia State: PA Zip: 19114

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 215.613.3600 Website: www.pci.com

Name of Designated Representative (DR): Catherine Cabrera

Licensing Company Email: compliance.pcipharma@gmail.com DR Email: catherine.cabrera@pci.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	■ Dangerous Drugs	■ Manufacturer
☐ Practitioners	■ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: Over-the-counter (OTC) Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Pharmaceutical Co.		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:
N/A

C. C

Original Signature (electronic, copies or stamps not accepted)

03/11/25

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Packaging Coordinators, Inc.

Corporation/Organization Name: Packaging Coordinators, LLC

Mailing Address: 3001 Red Lion Road

City: Philadelphia State: PA Zip: 19114

Telephone: 215-284-8661 Email: catherine.cabrera@pci.com

Contact Person Name: Catherine Cabrera

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Packaging Coordinators, LLC

Facility Name

Catherine Cabrera

Print Name of Authorized Person Submitting Application

C. C

Original signature of Authorized Person (copies or stamps not accepted)

03/11/25

Date

Board Use Only	Date Received: 5/22/25	Amount: $1000-Ck1582

January 27, 2023

Packaging Coordinators, LLC
3001 Red Lion Rd.
Philadelphia, PA 19114
FEI: 1000522077
Dates of Inspection: 01/09/2023 – 01/12/2023
Email: ORABIOInspectionalCorrespondence@fda.hhs.gov
ORAPharm1_responses@fda.hhs.gov

RE: Response to FDA-483

Dear FDA Investigator:

This letter is in response to the FDA-483 observations for Packaging Coordinators, LLC conducted of our facility located at 3001 Red Lion Road, Philadelphia, PA 19114.

Please find below Packaging Coordinators response to your observations.

Observation 1:

Your firm failed to establish adequate written procedures for production and process controls designed to assure that the drug products have the identity, strength, purity, and quality that they are purported or represented to possess.

Specifically,

a. Your environmental monitoring plan as defined in SOP, SOP-00790, "Environmental Monitoring for Non-Sterile Packaging", Rev 18, effective date 29 September 2021, is insufficient for aflibercept PFS assembly and blistering line E2 as no surface environmental monitoring is conducted for the product contact/indirect product contact surfaces such as the syringe assembly area and associated surfaces. According to SOP-00790, "Environmental Monitoring for Non-Sterile Packaging", Rev 18, section 7.4.2.2 states that sample sites for surface (floor and walls) viable shall be based on the following: "Sites and/or processes where microbial contamination is deemed likely to have an adverse effect on product quality, sites that represent the most difficult areas to clean, and activities in the area that contribute to the spread of contamination."
b. Complaints received by your client included moisture observed in the syringe blister package. Post aflibercept (Eylea) PFS VHP, there is no procedural requirement in confirmation of load dryness and absence of moisture in the syringe blister packaging or any other defect that may pose a risk to product quality.
c. The sterilization of the aflibercept (Eylea) PFS within the blister pack is conducted by VHP that includes Chamber Leak Test at 500 mbar, Pre-condition Parameter at 500 mbar, Exposure Parameter at 500 mbar, Aeration Parameter 1 at 800 mbar and Aeration Parameter 2 at 500 mbar. The aflibercept shipping validation supports a pressure change at 572 mbar in support plunger stopper movement, assuring the

sterile barrier is maintained. The worst-case pressure level applied at 500 mbar during the syringe VHP process has not been validated to assure the sterile barrier is maintained.

d. Document titled, Product Assessment - Eylea (aflibercept) - Product/PPE/Room/Health and Risk Assessment was performed by your internal PCI Safety, with standard gowning to be applied during manufacture that does not include a face mask. The assessment is deficient as it failed to account for the manufacturing bioburden control strategy, with the donning of a mask providing enhanced bioburden control.
e. Document RA-1331 (risk assessment), "Secondary Manufacturing of EYLEA Pre-Filled Syringe in Non-Classified Spaces at PCI" indicates that production rooms are positive pressure to the hallways per PCI SOP-00793; however, there is no calibrated magnehelic or BMS system to provide assurance of adequate continuous differential pressure control for the production rooms.
f. The requalification of the aflibercept (Eylea) VHP sterilization process includes 10,336 blister packs sealed and without pre-filled syringes, with 45 blister packs containing an aflibercept PFS spaced throughout the load for sterility testing and 240 blister packs total containing an aflibercept PFS for 120 (CI units) and 120 (BI units). The use of 10,336 empty blister packs is not representative of the commercial maximum load.

Background:

The validation studies performed at the PCI Philadelphia facility demonstrated that the VHP sterilization process consistently achieves at least 10^{-6} sterility assurance level (SAL). In addition, the process has been successfully qualified to maintain package integrity and confirmed on each lot through container closure integrity testing.

The PCI Environmental Monitoring program consists of performing quarterly sampling of each packaging room involving testing viable surface monitoring (floors and walls) along with active air monitoring for viable and non-viable particulate. Below is a table outlining the average environmental monitoring results for all packaging rooms for the calendar year of 2022.

Sample Locations	Average
Floor (TYMC)	< 1 cfu/25 cm^2
Floor (TAMC)	< 2 cfu/25 cm^2
Wall (TYMC)	< 1 cfu/25 cm^2
Wall (TAMC)	< 1 cfu/25 cm^2
Air Viable (TYMC)	< 3 cfu/m^3
Air Viable (TAMC)	< 5 cfu/ m^3
Non-Viable	4552 Particles/ft^3

Based on the capability of the sterilization process and the historical data from

Environmental monitoring testing, PCI is confident that the validated VHP sterilization process transferred from Regeneron ensures the sterility of the packaged product.

To address the Agency's concerns raised in the 483, in collaboration with Regeneron, PCI has developed the action plan outlined below.

Response:

a. As an enhancement to the Environmental Monitoring program, the procedure SOP-00790 EM Requirements for Non-Sterile Packaging will be updated to include a risk-based sampling approach that will integrate additional sampling points on and around the packaging equipment itself based on risk of contamination to product. The production lines involved in the packaging process prior to sterilization (assembly and blistering) will be assessed and the increased sampling plan implemented. This information will provide additional ongoing data related to the overall bioburden as it relates to product movement through the process.

   Action Due Date: 17-April-2023

b. PCI is committing to perform a risk assessment for possible defects that could occur related to the blister units and the enclosed pre-filled syringes as they are sterilized through the VHP process.

   Along with the risk assessment that will characterize the possible defects, PCI will perform a study on a minimum of three (3) lots of Eylea® that have been processed through the VHP Sterilization process. This study will involve visual inspection of the blister units themselves for the presence of visible drops of moisture within the cavities. This information will be characterized and assessed within the Risk Assessment.

   Action Due Date: 15-July-2023

c. A study will be conducted on packaged units related to plunger rod movement at the worst-case pressure experienced through a VHP cycle (approximately 500 mbar). During the inspection, Regeneron provided a document outlining the commitment to execute the study.

   Action Due Date: 30-June-2023

d. The observation outlines a reference to the Product Assessment for Eylea. This type of assessment is conducted to determine the appropriateness for a product to be packaged within a facility as well as the associated Personal Protective Equipment required to protect an employee from the material. The gowning requirements for protecting product would be developed through our Contamination/Cross-Contamination Risk Assessment RA-2021-011 as well product specific FMEAs.

As an overarching action, PCI is committed to performing an additional study to characterize the bioburden prior to sterilization. This study will be performed in collaboration with Regeneron. It will establish and evaluate the impact of pre-sterilization bioburden and further demonstrate the capability of the validated VHP sterilization process.

Characterization of bioburden load on the blister-packaged syringes (prior to sterilization) will be performed under protocol, and will include the following:

- Testing will be performed on three lots of blister-packaged syringes (prior to sterilization), with a statistical sampling based on total lot size. This will be performed once per quarter for a period of 1 year to capture seasonal variability.
- Based on the results, the protocol may be extended to include additional periodic testing.
- The determination of population will be based on ISO 11737-1 and the bioburden testing will be performed according to USP<61>.

The protocol will be comprehensive in outlining the steps involving the sampling and testing to be conducted spanning a period of twelve (12) months. The protocol will be in approved for execution by 17-April-2023. The study results will be evaluated and additional controls for bioburden will be implemented, as necessary.

The study will provide the background information in order to appropriately update the PCI Contamination/Cross-Contamination Risk Assessment RA-2021-011 which will include the output of any updates to gowning requirements based on the data obtained.

Action Due Date: 15-June-2024

e. PCI balances each packaging room to ensure positive pressurization on an annual basis. A risk-based approach will be taken regarding the process steps in which the continuous differential pressure monitoring is implemented across all production rooms at the site. The assessment will determine the rooms where continuous monitoring probes will be implemented and the associated procedure SOP-00793 "Air Handling System" will be updated to reflect the changes. The overall CAPA action includes the risk assessment, procedural updates, and implementation timeframe for the continuous monitoring program for room differential pressure.

Action Due Date: 15-November-2023

f. A review of the protocol and batch documentation associated with this observation was performed. The re-qualification was performed using blisters containing pre-filled syringes. This information was not clearly communicated during the inspection.

Evidence to this effect is noted below with pictures of the "dunnage" material utilized in the study which consists of the pre-filled syringes enclosed in blister units.

PCI has an established part number PCR-VHP-DUNNAGE within our qualified ERP system. A photo of the ERP system generated label is noted below indicating the part number PCR-VHP-DUNNAGE along with the corresponding materials consisting of a blister unit with an assembled syringe. Therefore, the study was performed using the same loaded cycles as a routine commercial sterilization cycle. The requirements for executing the sterilizer re-qualifications are outlined in the individual re-qualification protocols.

Observation 1 will be addressed under CAPA-2023-0063.

Observation 2:

Equipment used in the manufacture, processing, packing or holding of drug products is not of appropriate design to facilitate operations for its intended use.

Specifically,

Your Building 1 air compression system supporting aflibercept (Eylea) sterilization by VHP system (VHP 2) is not of oil free design, with the air distribution system to the VHP 2 sterilizer including black iron piping. Though the air compression system includes hydrocarbon removal and distribution system in-line point of use hydrocarbon and particulate filtration, the system design is inconsistent with current GMP expectations.

Response:

The distribution from the air compressor includes a series of three filters along with an additional point of use filter prior to delivery of the air to the VHP sterilizer. The filters are noted below in sequence:

(1) Particulate Filter:	Particulate Removal 1 micron
(2) Coalescing Filter:	Particulate Removal 0.01 micron; ISO 8573-1 Class 1
(3) Vapor Filter:	Particulate Removal 0.01 micron, ISO 8573-1 Class 1

The series of three filters are on a Preventive Maintenance cycle in which the vapor filter is replaced on a six (6) month cycle. The Particulate and Coalescing Filters are replaced on a twelve (12) month cycle.

In addition to the series of three filters to remove particulate, water, and oil vapor, there is an additional filter installed downstream immediately prior to distribution into the VHP unit itself. This filter is a Pharmaceutical Grade Sterilizer Filter with an absolute removal rating of 0.2 microns in liquids and 0.003 microns in gases. This filter is replaced on a twelve (12) month frequency.

The filtration system in place provides the appropriate air quality to the VHP sterilizer. The compressed air testing conducted post filtration is within the acceptance criteria. PCI is committed to enhancing our process through the CAPA actions listed below.

PCI has committed to source, install, and qualify a new oil-free compressed air system for the VHP 2 sterilizer. The installation will involve installing new piping constructed of copper/stainless steel.

Action Due Date: 04-February-2024

As an interim measure, PCI is increasing both the frequency of testing on the compressed air after the filtration system as well as the Preventive Maintenance program. The testing of the compressed air system (moisture, hydrocarbons, particulate, air viable) will be conducted on a bi-weekly basis downstream from the series of three filters. The Preventive Maintenance program will be enhanced related to the filtration system to include an inspection of the filter gauges on the same bi-weekly basis.

Action Due Date: 10-March-2023

Observation 2 will be addressed under CAPA-2023-0064.

Observation 3:

The responsibilities and procedures applicable to the quality control unit are not fully followed.

Specifically, your firm failed to follow the following procedures:

a. According to your standard operational procedure entitled "QA Batch Record Review and Product Release,". SOP-00765, rev 45, Section 2.5, the Quality Associate is responsible "to review, verify presence of all batch record pages, verify correct batch record pagination and accuracy, coordinate error corrections with the Quality Associate or designee, assure Deviation Reports are complete and closed, and approve the batch record for PCI release." The following are examples of drug products that were released by your Quality Unit for commercial distribution with inaccurate lot numbers and/or expiration dating.

   • DEV-2022-0244, Alkermes Vivitrol 380mg (naltrexone for extended-release injectable suspension) Kit, lot# 190592C, expiration 04/30/2024 released with an incorrect expiry of 05/31/2024
   • DEV-2022-0244, Alkermes Vivitrol 380mg (naltrexone for extended-release injectable suspension) Kit, lot# 190604C, expiration 04/30/2024 released with an incorrect expiry of 05/31/2024 ·
   • EVENT-2022-5953, Flexion Therapeutics Zilretta 32mg (triamcinolone acetonide extended-release injectable suspension) Finished Kits, lot# 111003, expiration 11/2023 released with an incorrect lot number of 22-9006
   • EVENT-2022-6666, Amgen Repatha AMG 145) HMP, 120mg/mL, 3.5mL (evolocumab), lot# 1153429, expiration 12/3112024 released with an incorrect expiry of 10/31/2024

b. Your procedure, SOP-00240 "Corrective Action and Preventative Action (CAPA)", revision 01, effective 11/05/2021, section 5.1.8 states that "effectiveness checks should be considered as part of the CAPA plan and the scope and method of confirmed effectiveness should be detailed as part of the plan." CAPA 433782 which was opened on 12/14/2021 to document the correction for installing the proposed changes indicator for setting the crimper clearance and pressure settings for E5 Doboy. This CAPA was closed on 05/20/2022. Your firm applied a new effectiveness check review board to address current and future CAPAs however did not address the CAPA(s) that were opened within the effective date of your procedure.

This is a repeat observation from the previous inspection conducted 10/17/2022-10/21/2022.

Response:

a. In reviewing the list of deviations and the associated lots outlined in observation 3a, none of these products had shipped from the facility. Upon discovery of the discrepancy, PCI initiated deviations and the product impact was assessed and Corrective Actions implemented accordingly for each situation.
   • DEV-2022-0244 was related to the expiration dating assigned to two lots of

product. The process involves kitting different components into a carton. The expiration dates on the components dictate the overall expiration dating on the kit itself. A change was made to the lot of a component due to availability in which an update to the resulting expiration date was not performed. The units will be re-processed with the correct expiration date.

- EVENT-2022-5953 involved a kitted product in which the lot number on the vial is different than the lot number on the carton. The process deviated as the lot number that was assigned for the vial was the same as the carton. This was identified during the packaging operations and resolved prior to release of the lot.
- EVENT-2022-6666 related to a product in which the expiration dating is assigned based on the date of the packaging activity as supplied by the customer. There was a delay in the timeframe of the packaging activity start date from October 2022 to December 2022 at which point the new packaging date was assigned. The documentation associated with this lot was not updated so it resulted in the lot being packaged with an expiration date that was two months shorter than the intended dating. It was determined the material could be released without further action needed as the discrepancy in dates resulted in a shorter timeframe.

PCI has addressed each of the situations noted above and applied corrective and preventive actions accordingly. In order to address the specific observation, PCI is holistically implementing an additional verification step during the batch record review process as outlined in SOP-00765 "QA Batch Record Review and Product Release". This additional step will confirm the expiration date and lot information is correct as intended and there were no changes from the source information that resulted in a change to the variable data.

Action Due Date: 30-March-2023

b. PCI has executed the action plan as outlined in our response letter dated November 3, 2022. CAPA-2022-0273 Effectiveness was completed as per the due date in the PCI eQMS system. The other three CAPAs outlined (PR433753, PR433782, PR433754) were generated out of the prior eQMS system in which CAPA Effectiveness plans were not linked to each CAPA nor was it a procedural requirement in utilizing the system. In order to fully remediate the concerns raised in the observation, PCI is reviewing all CAPA actions from the PCI legacy system for CAPA Effectiveness that were closed after the date of August 2022. In August 2022, PCI implemented a new eQMS system in which the Effectiveness Check is integrated to the CAPA plan. The due date below outlines the date in which this retrospective CAPA Effectiveness check will be completed.

Action Due Date: 30-March-2023

Observation 3 will be addressed under CAPA-2023-0065.

Observation 4:

Buildings and equipment used in the manufacture, processing, packing or holding of drug products are not maintained in a clean and sanitary condition.

Specifically,

a. Deteriorated insulation and a deteriorated gasket was observed at a finger flange assembly system for syringe labeling and plunger rod insertion System 1712, Area E3. Excess grease was observed on the plunger rod shafts.
b. The air compression system located in Building #1 and used for oil free compressed air to the VHP 2 sterilizer was observed in an dirty state, including debris observed at an air compressor intake.
c. Walk-in 2 - 8°C refrigerator 150845 was observed with waste material such. as dirt and debris on the floor and behind and between pallets. Refrigerator 150845 is used to store finished drug products such as aflibercept PFS and materials needing temperature control.
d. An automated door leading to E2, syringe blistering was observed not functioning.

Response:

PCI provided corrective actions related to each observation during the inspection to outline the replacement of the insulation and gasket on the Equipment Asset 1712, cleaning of grease from the equipment shafts, cleaning of the utility area around the air compression system, cleaning of extraneous material from the Refrigerators, and repair to the E2 door. The actions below outline the preventive measures that are being implemented.

a. The Preventive Maintenance program for the Equipment Asset 1712 along with any additional similar units within the facility is being updated to include a quarterly inspection of the integrity of the insulation and gasket. The PM for the Groninger equipment related to the observation of excessive grease is also being updated for a quarterly inspection and cleaning for excessive grease.

   Action Due Date: 17-March-2023

b. The procedure SOP-00803 "Cleaning Procedure for the Facility" is being updated to integrate the utility area for the Air Compressor and all additional GMP areas within the facility. The standard work for the cleaning requirements and documentation associated with confirming cleaning was completed will be updated to include the specific daily, weekly, and monthly requirements including the area of cleaning. The program will be enhanced by having a physical review documented at a periodic interval.

   Action Due Date: 25-March-2023

c. The preventive measures related to the refrigerator will be addressed through the same actions outlined above in response to observation 4b.

d. A Preventive Maintenance program for the production doors will be implemented as a monthly action item to service the doors and prevent breakdowns.

   Action Due Date: 25-March-2023

   An additional measure will be added to the preventive action plans related to the doors. An audible alarm will be installed on the doors that will be triggered if the door is open over a defined period of time to alert area personnel that the door is not closed.

   Action Due Date: 23-October-2023

Observation 4 will be addressed under CAPA-2023-0066.

Please feel free to reach out to me regarding any questions or comments.

Sincerely,

Cathy Cabrera
Director of Quality Systems
215-613-3670
215-613-3601 [Fax]
Catherine.Cabrera@pci.com

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SUMMARY

This preannounced abbreviated surveillance inspection and pre-approval inspection of a contract labeler, packager and repackager of human biological and pharmaceutical drug was initiated according to eNSpect Assignment # 231968 and as a part of PHARM1 FY23 work plan. This inspection was conducted in accordance with CPGM 7356.002- Drug Manufacturing Inspections, CPGM 7356.002M - Inspection of Licensed Therapeutic Drug Products; and CP 7346.832 - Pre-approval Inspections/Investigations in support of BLA 125387 S78 for (aflibercept injection), EYLEA, applicant Regeneron Pharmaceuticals, Inc. This inspection is reported under PACs S6002 and 46832. Profile codes SVT, SVS, LIQ, CSG, SUP SVL, and OIN were covered.

The previous inspection conducted on 10/17/2022 – 10/21/2022 was classified Voluntary Action Indicated and the firm was issued a Form FDA 483, Inspectional Observations, for: 1) Buildings used in manufacture, processing, packing or holding of drug product are not maintained in a clean and sanitary condition and 2) The responsibilities and procedures applicable to the quality unit are not fully followed. During the current inspection, the corrections from the previous inspection were evaluated without comment with the exception of Observation 2 which was a repeat observation.

The current inspection revealed that the firm continues to operate as a contract labeler, packager and repackager of human biological and pharmaceutical drug products. The current inspection provided coverage of the Quality System and Packaging and Labeling System. Documents reviewed included but not limited to laboratory records, change controls and SOPs. The inspection covered the packaging process of BLA 125387 S78 for (aflibercept injection), EYLEA a review of complaints, environmental monitoring, Quality Agreements, batch records, Annual Product Reviews, deviations, change controls, packaging and labeling controls, and corrective actions and preventative measures.

A Form FDA 483, Inspectional Observations, was issued at the conclusion of the inspection for:

1. Failure to establish adequate written procedures for production and process controls designed to assure that the drug products have the identity, strength, purity, and quality that they are purported or represented to possess.
2. Equipment used in the manufacture, processing, packing or holding of drug products is not of appropriate design to facilitate operations for its intended use.
3. The responsibilities and procedures applicable to the quality unit are not fully followed
4. Buildings used in the manufacture, processing, packaging or holding of drug products are not maintained in a clean and sanitary condition.

Additionally, the following discussion items were presented to the firm at the closeout meeting:

1. The H1 cartoning line was inspected during a manufacturing break, with three Eylea cartons containing product observed on the active conveying track.
2. A field complaint was received for the Eylea DP, with the DP appearance gray in color. Regeneron did not evaluate the syringes for potential contamination. PCI should also work collaboratively with Regeneron to have a clear and complete understanding for absence of microbial contamination.

No refusals were encountered, and no samples were collected. No rodent, insect, or avian activity was observed.

ADMINISTRATIVE DATA

Inspected firm	Packaging Coordinators, LLC
Location:	3001 Red Lion Road Philadelphia, PA 19114
Phone:	215-613-3001
Fax	215-613-3091
Mailing address:	3001 Red Lion Road Philadelphia, PA 19114
Email address:	jeannie.metzinger@pciservices.com
Dates of inspection:	01/09/2023 – 01/12/2023
Days in the facility:	4
Participants:	**Christina K Theodorou, Investigator** **Wayne Seifert, Investigator** **Brandy LePage, Investigator** **Ben Du, Investigator**

This inspectional report was collectively written by Investigators Theodorou (CKT), Seifert (WS), LePage (BNL) and Du (BD). "We", "Our" and "Us" refers to Investigators Theodorou, Seifert, LePage and Du collectively. "I" refers to the Investigator that is identified as writing the applicable section of the report. For the purposes of this report, Packaging Coordinators, LLC will be referred to as the "firm", or "PCI", throughout this report.

On 12/30/2022, Investigator Seifert contacted Ms. Catherine Cabrera, Director of Quality Systems and preannounced the inspection. He asked Ms. Cabrera to provide any firm requirements related to COVID-19, who replied that there were none.

On 01/09/2023, we presented our credentials and issued a Form FDA 482, Notice of Inspection (attached), to Jeannie Metzinger, Chief Compliance and Quality Officer, who advised that she was the firm's most responsible person on-site.

At the close of the inspection, we issued a Form FDA 483, Inspectional Observations (attached), to Mr. Gill Valdez, SVP, Commercial Packaging Technology and Supply Chain.

Post-inspectional FDA correspondence should be sent to the following address:
Packaging Coordinators, LLC
Jeannie L. Metzinger, Chief Compliance & Quality Officer
3001 Red Lion Road,
Philadelphia, PA 19114-1123 jeannie.metzinger@pciservices.com.

HISTORY

(This section written by Investigator Theodorou)

According to Mr. Thomas Cligget, Director of Quality Operations, the firm's history remains unchanged from the previous inspection ending on 10/21/2022. That history is provided below.

Packaging Coordinators, LLC is a privately-owned company with global commercial locations in Philadelphia, PA; Rockford, IL; Mississauga, ON; Hay-on-Wye, UK; Tredegar, UK; and Dublin, Ireland. The firm was previously inspected on 12/15/2020 through 12/18/2020. This inspection was limited in scope and focused on the review of the firm's labeling and packaging of Janssen and AstraZeneca COVID-19 vaccines. No FDA 483 was issued and the inspection was classified as NAI.

On 10/17/2022, Mark Burke, Executive Director of Quality, stated the firm planned to manufacture the AstraZeneca COVID-19 vaccine, but did not proceed with any manufacturing operations. Prior to the limited inspection in December 2020, the firm was inspected on 8/29/2017 through 9/6/2017, as part of the OPQOI FY17 workplan. No FDA 483 was issued, and the inspection was classified as NAI.

The firm operates continuously and has approximately 675 full-time employees.

Information bellow was collected during the current inspection (01/09/2023 – 01/12/2023):
The firm was inspected by the Agency ending on 10/21/2022 as a joint inspection between the Office of Biological Products Operations (OBPO) and the Office of Pharmaceutical Quality Operations (OPQO) and conducted as part of the OBPO/Team Biologics FY23 workplan under eNSpect ID# 232419. The inspection was classified as Voluntary Action Indicated. A two-item 483 was issued to firm management at the conclusion of the inspection.

The following entities are subsidiaries of PCI:

Lyophilization Services of New England
- LSNE Contract Manufacturing, Madison, WI 53719 (FEI: 3011856764)
- LSNE Contract Manufacturing, 23 Commerce Dr, Bedford, NH 03110 (FEI: 3008546445)
- LSNE Contract Manufacturing, Parque Tecnológico de León, C. Nicostrato Vela, s/n, 24009 León, Spain (FEI: 3011566408)

Penn Pharmaceutical Services (FEI: 3010385970)
Sherpa Clinical Packaging, LLC (FEI: 3012261037)
Millmount Healthcare Limited (FEI: 3020744728)
Pharmaceutical Packaging Professionals
Bellwyck Pharma Services Inc (FEI: 3007309095)

The following are PCI Pharma Services locations throughout North America, Europe and Asia
- PCI Pharma Services 4545 Assembly Dr, Rockford, IL 61109 (FEI:1421377)

- PCI Pharma Services, 6166 Nancy Ridge Dr, San Diego, CA 92121 (FEI: 3001433984)
- PCI Pharma Services Ohio, LLC 8946 Global Way, West Chester Township, OH 45069 (FEI: 3010160S07)
- PCI Pharma Services New England, LLC, 75 Fruit St, Bridgewater, MA 02324 (FEI: 3026113534)
- PCI Pharma Services Canada Inc, 977 Century Dr, Burlington, ON L7L 5J8, Canada (FEI: 3009747238)
- PCI Pharma Services Canada Inc, 1 Rimini Mews, Mississauga, ON L5N 4K1, Canada (FEI: 3007309095)
- PCI Pharma Services Wye Valley Business Pk/Brecon Rd, Hereford HR3 5PG, UK (FEI: 3001670824)
- PCI Pharma Services Tafarnaubach Industrial Estate, 23-24, Tafarnaubach, Tredegar NP22 3AA, UK (FEI:1000370240)
- PCI Services, Block 7, City North Business Campus, Stamullen, Co. Meath, Ireland (FEI: 3025114923)
- PCI Pharma Services Germany GmbH, Am Wall 5, 14979 Großbeeren, Germany (FEI: 3018809765)
- PCI Pharma Services, 3/31 Sabre Dr, Port Melbourne VIC 3207, Australia (FEI: 3010069401)

Mr. Cligget provided me with a list of PCI's Board of Directors (**Exhibit 01**)

- Matt Jennings, Chairman of the Board, Kohlberg
- Sam Frieder, Managing Partner, Kohlberg
- Gordon Woodward, Chief Investment Officer, Kohlberg
- Chris Anderson, Partner Kohlberg
- Alex Forrey, Managing Director Kohlberg
- Robert Cucuel, Operating Partner Kohlberg
- Salim Haffar, CEO PCI
- Dr. Remy Hauser, Managing Director Partners Group
- Sujit John, Managing Director Partners Group
- Camilla Macapili Languille, Head of Life Sciences Mubadala
- Varini Sharma, CEO Mubadala

INTERSTATE COMMERCE

(This section written by Investigator Theodorou)

The firm continues to receive unlabeled finished product for labeling, packaging and repackaging depending on the product and client.

Mr. Cligget provided me a copy of a Bill of Lading for Cortef (hydrocortisone) 10mg 100ct lots CCFTK2, CCFTK2 and CCFTK (**Exhibit 02**).

According to Mr. Cligget the firm's top suppliers are:

- Essentra (AKA MM Group)
  - Headquartered in Kidlington, Oxford United Kingdom
- CCL Label
  - Headquartered in Ontario, Canada
- Rondo-Pak
  - Located in Camden, NJ

The firm's top customers are:

- Amgen Inc
  - Headquartered in Thousand Oaks, CA
- Regeneron Pharmaceuticals
  - Headquartered in Tarrytown, NY
- Novartis Pharmaceutical Company
  - Headquartered in East Hanover, NJ

JURISDICTION

(This section written by Investigator Theodorou)

Exhibit 03 is the firm's product list. This list shows all of the products packaged by the firm. The firm continues as a packager, repackager and labeler for human pharmaceutical products.

According to Mr. Cligget, the firm no longer provides any type of packaging service for animal drug products. The last batch for an animal drug product was Symparica 80mg, 6ct blister, lot 500890A packaged on 04/29/2021 with an expiration date of 07/2023.

INDIVIDUAL RESPONSIBILITY AND PERSONS INTERVIEWED

(This section written by Investigator Theodorou)

Exhibit 04 consists of the firm's organizational chart.

Exhibit 09 consists of a list of individuals we spoke to throughout the inspection.

The following employees participated in the inspection and provided information or records:

Jeannie L. Metzinger, Chief Compliance & Quality Officer, is the most responsible person and provides oversight for the quality units at all the firm's locations. Mrs. Metzinger has been in her current position for approximately 10 years. Mrs. Metzinger reports to Salim Haffer, Chief Executive Officer. Mrs. Metzinger has ten direct reports. Mrs. Metzinger was only present on 01/09/2023.

Mark J. Burke, Executive Director of Quality, oversees the firm's quality unit at this site. Mr. Burke has been with the firm for approximately eight years and in his current position for approximately two and half years. Mr. Burke reports to Jeannie Metzinger, Chief Compliance & Quality Officer. He has four direct reports. Mr. Burke accompanied us on the inspection, provided information contained in this report, and was present at the close-out meeting.

Catherine NMI Cabrera, Director of Quality Systems, oversees the firm's quality unit at this site. Mrs. Cabrera has been with the firm for approximately 20 years and in her current position for approximately two and half years. Mrs. Cabrera reports to Mark Burke, Executive Director of Quality. She has three direct reports. Mrs. Cabrera served as the host for this inspection. Mrs. Cabrera accompanied us on the inspection, provided information contained in this report, and was present at the close-out meeting.

Additionally, the following individuals accompanied us on the inspection and provided information contained in this report:
Jennifer Carrion, Sr. Quality Operations Manager
Tammi Leith, Regulatory Affairs Specialist
Thomas Cliggett, Director of Quality Operations
Manoj Subramani, Warehouse Lead
Taras Scott, Warehouser
Bob Kane, Principal Engineer
Jose Rodriquez, Operations Supervisor
Dennis Gerlach, Director of Validation
James Azhambault, Packer
Khareem Preston, Packer
Marion Bennett, Director of Operations
James Reingruber, Validations Specialist
Alex Tenerelli, Process Engineer
Siju John, Validation Manager
Eileen Echevarria, VHP Line Leader
Alex Weaver, Senior Director of Engineering
Pat Cligget, Quality Account Manager

The following individuals were Subject Matter Experts from Regeneron that contributed to questions during this inspection:
Dwight Ricci, Regeneron SME
Theresa Bode, Regeneron SME
Andrew Cook, Regeneron SME
Dustin Blodgett, Regeneron SME
Matthew Rainka, Regeneron SME

FIRM'S TRAINING PROGRAM

(This section written by Investigator Theodarou)

I reviewed the firm's procedure, SOP-00777 *Training*, rev 38, effective 02/14/2022 which establishes the system by which employees are trained and how training documentation is tracked, approved and filed. The firm implements a training system that uses both self-training using ComplianceWire, On-the-Job Training (OJT) and group or Instructor Led Training (ILT).

CGMP training is offered to new hires who must pass an examination with a score of 80% to be allowed to work. If not, they can't begin any work until they have retaken and achieved an acceptable score of 80%. Annual or Refresher CGMP training is offered annually at the minimum for all employees. Periodic CGMP training is conducted on topics selected by the Senior Management Team. Selection of the topics is contingent on new FDA guidances or updates, repeated events, new processes, any significant process change, etc. I reviewed this document with no objections.

MANUFACTURING/DESIGN OPERATIONS

Exhibit 05 consists of the firm's Site Master File. **Page 37-38** contains the facility's floor plans. There are forty-six packaging lines at the firm, with area E3 new for the BLA 125387 S78 (aflibercept injection), EYLEA. The firm does not package potent or toxic products and has ceased operations for animal drug products.

Walkthrough

(This section was written by Investigator Seifert)

On 09 January 2023, we (WS, BD, CT, and BL) proceeded on a walkthrough of the facility starting in shipping and receiving. Deliveries proceed from guard station, where transport is considered a delivery or pickup. SOP 010511 support receipt of materials, with materials received on heat treated pallets (no wood allowed in production). A purchase order is compared to the shipment, packing slip, and number of units are verified. Goods can be rejected based on damage, infestation, etc. J.D. Edwards is the validated materials management system, with electronic quarantine. Materials for manufacture are stored in the validated ambient GMP warehouse, 59 to 86°F temperature control by an automated pallet storage and retrieval system (ASRS). Materials for manufacturing are sampled, with the amount sample deducted from available inventory. Eylea is sampled under 2 - 8°C storage conditions. A caged reject area was observed with badge access.

We proceeded to 2 - 8°C walk-in unit 9 (150845). Observed was Regeneron Lot 8231500283, one pallet. The quantity in J.D. Edwards and the storage location of the specified lot was accurate. The walk-in refrigerator was observed in an unclean state, see **Exhibit 06.**

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 4.c.

Outside the walk-in unit, equipment identified as high claim was being stored, placed in a location identified as B15 - Trash, see **Exhibit 07**. During the inspection, the firm provided corrective action that included storage of the equipment in an appropriate area, see **Exhibit 08.**

We proceeded to area G3, existing labeling area that includes plunger rod insertion to the Eylea syringe. The new area for said function is E3, with syringe finger flange assembly to the syringe and blistering being conducted in area E2. Within the E3 area, a Groninger syringe tub conveying system was observed, unit 5349, followed by labeling and plunger rod insertion system, asset 1712. A finger flange unit was observed with deteriorated insulation and gasket, see **Exhibit 10**. The plunger rod shafts were observed with excess grease, see **Exhibit 11.**

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 4.a.

We proceeded to Eylea finger flange assembly and blistering, with the area assess door observed non-functional, see **Exhibit 12**. The finger flange to the syringe is semi-automated, placement by hand with a machine locking the finger flange into place. Molded trays are formed, with syringe placement followed by blistering by HAPA KLO NFR Packaging Machine. A challenge test is conducted every four hours for the packaging system that includes automated detection of missing flange, empty tray, printed lot and expiration, incorrect lot and expiration, etc. The area includes ceiling MERV 13 filters. Blistered syringes are stored at 2 - 8°C pending further manufacturing.

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 4.b.

We proceeded to VHP unit 1 and 2, Steris units. The area includes HEPA filter filtration. Recirculated air is at 90%, fresh 10%.

We proceeded to area H1, final packaging, cartoning that includes Eylea product, insert into a carton and corrugated shipper. The process included carton formation with a single Eylea blister placed into the carton with insert. A check weight system verifies carton contents, with carton serialization 100% check by camera system. 24 Eyleas cartons are packaged to one shipper. A system challenge is conducted every four hours as prior for missing insert, etc. The line was inspected at an end of a break, with three Eylea carton containing product observed on the active conveying track, see **Exhibit 13**. I (WS) questioned why the units were not positioned into an overpack prior to break, with the firm rejecting, discarding the units.

Reference Discussion Item 1 in General Discussion with Management.

On 10 January, we (WS and BD) proceeded VHP 1, with 8 carriers to a load, 1,292 syringes per carrier. Post VHP there is no visual inspection of the load that may include wetness, moisture in the blister

or other defects that could have an impact on product quality. Visual inspection in H1, cartoning only pertains labeling requirements. In Eylea blistering operations prior to VHP, there is 200% visual inspection with AQL.

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 1.b.

On 11 January 2022, we (WS and BD) proceeded to the air compressors, 1x Atlas Copco and 1x Hitachi, both oil free in design with redundant dryers, 2x receivers, coarse and fine filter, with copper to stainless distribution system for VHP1. The observed dewpoint was -107.7°C.

We proceed to Plant 1 for 2x air compressors used for VHP2, not oil free in design. Post air compression, filtration occurs followed by 3x driers to a receiving tank. Post receiving tank, the air is distributed by black iron piping (100s feet of piping), with copper to stainless at the VHP2 system point of use. Hydrocarbon filters are located within the compressor and at the newly installed filtration unit near the VHP 2 sterilizer. The compressors are supplied with food grade oil in air compression. The system was originally for instrument air and through filtration and testing, the system meets process air requirements for GMP use. There is no hydrocarbon alarm capability, with the system tested for hydrocarbon quarterly. There is a plan to replace the system, not scheduled with the equipment not ordered. The compressors in Plant 1 and the general area were observed in an unclean state, see **Exhibit 14.**

OBJECTIVE 1: READINESS FOR COMMERCIAL MANUFACTURING

As part of assessing the firm's readiness for commercial manufacturing, a review of the GMP Systems below were assessed as they pertain to the PAI product, BLA 125387 S78 for (aflibercept injection), EYLEA.

Quality System

Management Responsibility

(This section written by Investigator Theodorou)

The responsibilities applicable to the Quality Control Unit were reviewed and evaluated during the current inspection. Mr. Thomas Cligget provided the firm's procedure, SOP-00773 *Responsibilities of the Quality Unit*, rev 05, effective 09/27/2021 which defines the responsibilities of the Quality Unit such as making decisions and recommendations based solely on quality considerations. During our inspection, I reviewed various SOPs, investigations, batch records, and validation reports. Each of the reports we reviewed were reviewed and approved by the quality unit. No deficiencies were noted unless further specified in this report.

Exhibit 15 consists of a list of the firm's SOPs.

Deviations

(*This section written by Investigator LePage*)

The procedure that governs unplanned quality events and deviations is entitled SOP-00113, rev 02, "Deviation: Reporting and Investigation" (**Exhibit 16**). The procedure indicates that an event or deviation is to be initiated in the eQMS, or on FORM-000308, immediately upon realization. In January 2021, the firm transitioned their electronic quality management system from Trackwise to MasterControl. The current quality designations of "event" or "deviation" in MasterControl were termed "public record" in Trackwise. According to Thomas Cliggett, Director of Quality Operations, all events are assessed for product impact and escalated to a deviation as necessary. Deviations are further classified as No Impact, Minor, Major and Critical through the joint evaluation of SMEs and Quality. Root cause analysis is required for all deviations classified as minor, major, and critical. Deviations are required to be closed 30 business days after initiation unless an extension is approved by Quality. I reviewed the following deviations, events, and public notices in depth: PR-424733, PR-414723, PR-415690, DEV-2022-0591, DEV-2022-0829, DEV-2022-0568, PR-424609, PR-422935, DEV-2022-024, Event-2022-5953, Event-2022-6666, and some examples are described below:

PR-DN424609 (**Exhibit 17**)
Open: 11/20/2019
Closed: 12/06/2019
The customer Eirgen contacted PCI on 11/20/2019 to inform them that they received an unreleased lot of the product Rayaldee FG Lot #3868797. QA approved the batch record release on 10/25/2019 and released the shipment on 11/15/2019 (see **Exhibit 18**). The firm determined the root cause to be human error. The firm initiated CAPA 424768 and conducted "Awareness" training for the Quality Teams personnel associated with batch release. The customer kept the drug product lot sent in error and distributed it in lieu of the originally requested lot.

DEV-2022-0244 (**Exhibit 19, pg. 1-17**)
Opened: 04/04/2022
Closed: In Progress

Vivitrol® (naltrexone for extended-release injectable suspension) 380mg/vial, lot #2022-3005T, expiration 04/30/2024 kits (see **Exhibit 20**) were assembled with some of the following components.

- Vivitrol® microspheres (naltrexone for extended-release injectable suspension) 380mg/vial, lot #0000110944, expiration 10/2024
- Administrative needle (1.5") lot# 190592C, expiration 04/30/2024
- Administrative needle (1.5") lot #190604C, expiration 05/31/2024
- WIP Diluent Vial, lot #00108206B, expiration 03/2025

- 5mL Luerlock Syringe, lot# 210112V, expiration 12/31/2025

The expiration date of the kit is based off the component that expires first, therefore the kits should have received an expiration date of 04/30/2024, which correlates to the administration needle (1.5") lot# 190592C. The kits were assigned the incorrect expiration date of 05/31/2024, which corresponds to the administration needle (1.5") lot #190604C.

Vivitrol® (naltrexone for extended-release injectable suspension) 380mg/vial, lot #2022-3005T was released on 03/24/2022 by QA (see **Exhibit 20**). On 03/31/2022 PCI was notified by their customer that the drug product released to them was incorrectly labeled with the wrong expiration date. The 3600 affected kits were repackaged to reflect the correct expiry of 04/30/2024. CAPA-2023-0020 **(Exhibit 19, pg 29 - 43)** was initiated on 01/10/2023 during the inspection and is still in progress.

Event-2022-6666 **(Exhibit 21)**
Opened: 12/20/2022
Closed: 12/20/2022
On 12/19/2022, PCI was notified by their customer that they had received Repatha® Pushtronex® system (evolocumab) 420mg/3.5mL, lot# 1153429, expiration 12/31/2024 labeled with the incorrect expiration date of 10/31/2024. QA approved the batch record release on 12/19/2022 and released the shipment on 12/20/2022 (see **Exhibit 22**). The firm determined the root cause to be human error and did not initiate a corrective action. The product was short-dated the expiry by two months, therefore, the error was determined to not impact the quality of this lot. There was no preventative action directed for this event.

(*This section was written by Investigator Seifert*)
On 12 January 2023, Pat Cliggett, Quality Account Manager provided an overview of deviation selected as follows:

Deviation DEV-2022-0485: Opened 08 July 2022, Closed 18 August 2022. Regeneron, Eylea blister failed leak test, Lot 8231400007. The root cause was a wire line defect in the blister pack, imperfection in cavity. The event is associated with blistering operations and has been added to the defect library. Repackaging was conducted according to protocol, meeting the TOR, with stability data supportive of the additional VHP cycle.

Corrective Actions and Preventative Actions
(*This section was written by Investigator Theodorou*)
Exhibit 23 consists of SOP-00240, *Corrective Action and Preventative Action (CAPA).*

I reviewed the firm's SOP, SOP-00240, *Corrective Action and Preventative Action (CAPA),* revision 01, effective 11/05/2021 which outlines the procedure to document the process for assigning,

monitoring and tracking corrective action and preventative action (CAPA) plans arising from quality events and assigned Root Cause Analysis (RCA). When a CAPA is needed, it will be generated in MasterControl. Required data such as the CAPA type, Parent Record (Event, deviation, etc. that necessitated a CAPA), description of CAPA including planned actions, due dates and action deliverables, and a description of required effectiveness check or a justification if an effectiveness check is not required. Depending on the risk categorization of the CAPA, a timeline is assigned. High risk – 30 calendar days, Medium Risk – 60 calendar days, and Low Risk – 90 calendar days. A guideline for effectiveness checks is also identified in the SOP based on the frequency of the impacted activity. If the activity is a daily activity, the minimum effectiveness check period should be 3 months, weekly – 6-month period, at least monthly – 12-month period, if the frequency is greater than monthly or undetermined, a 24-month minimum effectiveness check period is applied.

According to Mr. Cliggett, as a correction to an observation from the previous inspection, the firm created a CAPA Management Team to better plan, track and review CAPAs and to monitor the correction and perform Effectiveness Checks as required by the SOP.

I reviewed the following CAPAs:
CAPA-2022-0658
CAPA-2022-0659
CAPA-2022-0695
CAPA-2022-0766
CAPA-2022-0821
CAPA-2022-0825
CAPA-2022-0825
CAPA-2023-0009

CAPA-2022-0659
Exhibit 24 consists of the firm's CAPA-2022-0659 which was opened to document the firm's corrections to Observation 2 that was made during the previous inspection ending 10/21/2022.

I noted the firm implemented an effectiveness check review board which meets routinely to determine if a CAPA effectiveness is needed, assigns a review date, and monitors the status of the CAPA throughout the process. As of the date of this inspection, the firm did not have any completed effectiveness checks by the review board for me to review. I also discussed with Mr. Cliggett that if the purpose of the meeting is to make quality decisions, the firm should maintain a record of either the meeting notes or meeting minutes. How the record is kept, whether a new tracking system is made for them or if copies of the meeting notes are added to each CAPA that is discussed at each meeting should be at the discretion of the firm.

I also noted in my review that the firm did not conduct any effectiveness checks for the CAPAs that were identified in the observation from the previous inspection. **Exhibit 25** consists of CAPA 433782

which was opened on 12/14/2021 to document the correction for installing the proposed changes indicator for setting the crimper clearance and pressure settings for E5 Doboy.

At the time of the creation of the CAPA, SOP-00240 was in effect. SOP-00240, section 5.1.8 states that "effectiveness checks should be considered as part of the CAPA plan and the scope and method of confirmed effectiveness should be detailed as part of the plan." Please refer to **Observation 3.b** in the **FDA 483 Inspectional Observations** and in the **Objectionable Conditions and Management Response** section of this report.

I also reviewed the firm's corrections to observations made during the previous inspection ending in 10/20/2022 which I discuss in the **Voluntary Corrections** section of this report.

Change Management/Change Controls

(This section was written by Investigator LePage)

The procedure that governs change control is SOP-00460, rev 01, "Philadelphia Change Control Procedure." This procedure includes, but is not limited to, changes in process controls, GMP documentation, validation and any system which can potentially impact a manufactured product. Change controls are initiated by completing FORM-0003005, "Change Control Form," or by opening a MOC in the eQMS. The impacted department(s) and Quality Unit reviews and approves all changes. Lastly, the final review and close of change controls is performed by the Quality Unit. I assessed the following change controls from the list provided by the firm during the inspection: MOC-2022-1404, MOC-2022-2297, MOC-2022-1908, MOC-2022-1320, MOC-2022-0031. Some examples of the change controls evaluated are described below.

MOC-2022-0031
Open: 01/06/2022
Closed: TBD
This change control was initiated to install a secondary filtration system precursory to the equipment air supply connection that is fed from the firm house air distribution pipe. The filter was added to reduce the workload of the filtration system downstream in the Vaporized Hydrogen Peroxide (VHP) unit, specifically # VHP2. No significant discrepancies were noted.

MOC-2022-1320
Open: 07/05/2022
Closed: 07/14/2022
This change control was initiated to update the MasterControl eQMS with the firm customer's (AstraZeneca) shipping instructions. No significant discrepancies were noted.

(This section was written by Investigator Seifert)

On 10 January 2022, the firm provided an overview of the following change control:
Change Control MOC-2022-0032: Initiated 6 January 2022, Closed: Moved to verification January 6, 2022 pending closure. The change control was for the installation of pre-filters, upstream of the VHP unit 2 for the compressed air. The rationale was black iron compressed air distribution piping from the compressors and the compressors not being oil free in design. Three filters were installed in series, with the filter changed on a routine basis, but not integrity tested. The filters are 1 micron, 0.01 micron, and 0.01 micron, followed by sample port, and copper piping to stainless steel, Pall filter at 0.02 micron see **Exhibit 26**. The pall filter is changed on an annual basis. VHP unit 1 has the same Pall filter, with the VHP 1 system supplied with oil free compressed air, distribution piping of appropriate design.

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 2.

Complaints

(This section was written by Investigator Theodorou)
I requested a list of complaints from the firm and randomly selected the following for review. No deficiencies were noted with my review of these complaints.

PR 413500
PR 413501
PR 413948
PR 414374
PR 415202
PR 415241
PR 418746
PR 418838
PR 419927
PR 420120
PR 421514
PR 422606
PR 426396
PR 427277
PR 427297

Consumer Complaint 162058
I discussed with the firm a complaint received by the Agency on 04/30/2020 for Cortef Hydrocortisone, no lot number or expiration date given which is opened to document the complaint that was made regarding the effectiveness of the hydrocortisone. The complainant called to report

that the hydrocortisone he had been prescribed was not working as it was supposed to. He said after taking it his cortisol was 1.5 repeatedly and the reference range was approximately 5-20. The complainant consulted his doctor who was also puzzled as to why the drug did not perform as intended. The complainant has Addison's disease and needs the medication. He stated he called the manufacturer and all they said was, "Thank you for the complaint." The firm receives complaints from their client Pfizer who is the recipient of the originating complaint and forwards them as applicable to their contract manufactures and packagers. The firm did not receive this complaint from Pfizer.

(This section was written by Investigator Seifert)
On 11 January 2023, Ms. Tara Mayka, Quality Supervisor, Complaints and Matthew Rainka, Regeneron SME (Virtual) provided an overview of complaints according to SOP-01174, "Customer Complaint Procedure", Rev 27, Effective date 02 June 2022. We (WS and BD) reviewed the following complaints:

COMP-22-4113: Opened 01 December 2022, Closed 03 January 2023. 30 days is allowed to complete the complaint deviation investigation, Regeneron requirement. 5x different complaints COMP-2022-4112 (condensate in blister), COMP-2022-4113 (condensate in blister), COMP-2022-4056 (condensate in blister), COMP-2021-0058 (leak in blister), and COMP-2022-4111 (water) were for moisture in the blister pack Tyvek closure. PCI LLC indicated the root cause was external to PCI, with no failures or anomalies associated with the batch. Post VHP, residual VHP converts to water vapor and oxygen that dissipates. I (WS) questioned if there is any visual inspection post VHP sterilization of the syringe blister units in verification of load dryness, with the firm indicating no. The units were returned opened, impacting the ability to understand the moisture in the blister unit. I (WS) questioned Tara Mayka, Quality Supervisor, Complaints and Dennis Gerlach, Director of Validations if moisture in the syringe blister would be an objectionable condition, with the firm indicating yes. There is no inspection of the Eylea syringe blister packs post VHP for absence of moisture.

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response Observation 1.b.

COMP-2022-2819: Opened 24 August 2022, Closed 22 September 2022. The scope of the complaint was a gray color for the DP, 3x syringe units. The root cause was explained as external to the PCI manufacturing process. Eylea is to be clear in appearance to pale yellow. The deviation investigation at PCI was a paperwork review. The batch in question was PCI Eylea batch 8231500222, Regeneron complaint 03249-22, with the syringes not evaluated for contamination. A study was conducted exposing syringes to an elevated temperature, with the same color or similar color change in the DP observed. I (WS) questioned why Regeneron did evaluate the syringes for contamination, where if there wasn't enough volume for test, perhaps the DP material could be plated in confirmation of absence of contamination. The concern is associated with Regeneron. Reserve samples were

checked, acceptable.

Reference Discussion Item 2 in Section GENERAL DISCUSSION WITH MANAGEMENT.

Complaints for Damaged Syringes, see **Exhibit 27.** Approximately 76 complaints over the past two years for damaged syringes, with the root cause external to PCI LLC and associated with the DP manufacturing facility. Fractographic analysis was conducted identifying the defect as stainless steel contact with the glass syringe at the DP manufacturing facility. A CAPA was initiated in corrective action.

Six (6) complaints were received for debris in the carton, external to the blister pack. There was no impact to product quality.

Quality Agreements

(This section was written by Investigator Seifert)

On 11 January 2023, the firm provided the quality agreement under QA-AGMT-01628 2, *"Regeneron PCI Quality Agreement May 2021: Regeneron Pharmaceuticals, Inc. 81 Columbia Turnpike, Rensselaer, NY 12144 and Packaging Coordinators, LLC, 3001 Red Lion Road, Philadelphia PA 19114"*. The quality agreement was extensive.

Batch Record Review and Release

(*This section was written by Investigator LePage*)

The procedure that governs the batch record review and release process for all packaging and labeling operations is SOP-00765, rev 45, "QA Batch Record Review and Product Release" (**Exhibit 28**). According to Mark Burke, Executive Director of Quality, batch record review, and release duties are managed by the Quality Operations segment of the PCI Quality Unit. The PCI Organizational Charts (**Exhibit 04**, page 5 & 9), indicate the Quality Operations management as, Thomas Cliggett, Director of Quality Operations, and Jennifer Carrion, Sr. Manager, Quality Operations, who reports directly to Mr. Cliggett.

Per SOP-00765, Section 2.6, (**Exhibit 28, page 1**), Quality Associate responsibilities include "review the Customer Samples (e.g., Lot number and Expiration date, and contents) ...for correctness before they are shipped as well as the PCI site samples before they are logged and stored. This is to be performed during the batch record review." I noted in my documentation review that QA reviewed and subsequently released numerous drug products that were labeled with incorrect lot numbers and/or expiration dates. All the mislabeled drug products were sent to the customer, who placed the order directly with PCI, and not further distributed. See **OBSERVATION 3.a** in the **OBJECTIONABLE CONDITIONS AND MANAGEMENT'S RESPONSE** for more details.

(This section was written by Investigator Seifert)

On 11 January 2023, the firm presented the batch record for VHP, *"Manufacturing Packaging Instructions, Regeneron, MPI Title: PCR-WIP-VHP, Rev 70, Product 0023369, WO 1940331, FG Lot# 8231500281, Expiration 10/2023, Bulk Lot# 8231500281"*, 28 October 2022. Chemical indicators are positioned with the production load.

Annual Product Review

(This section was written by Investigator LePage)

The standard operating procedure for annual product reviews is detailed in SOP-01158, rev 07, "Annual Product Quality Review." According to the procedure, the Annual Product Quality Review requirements and review periods are determined by the customer, which are specified in their respective Quality Agreements. Elements of APQRs include, but are not limited to:

- Batches Packaged/Shipped
- Rejected/Aborted Batches
- Reworked Batches
- Change Controls
- Deviations
- Validation
- Equipment Qualification
- Complaints
- Returns
- Field Alerts/Recalls

Annual Product Quality Reports are assessed and approved by the Director of Quality. We evaluated the annual product reviews for Vascepa Capsules 1g (review period: 04/01/2021-03/31/2022), Entyvio (Vedolizumab) Vials 300mg (review period: 06/01/2021-05/31/2022), Miconazole Softgels 1200mg, (review period: 05/01/2021-04/30/2022). No significant discrepancies were noted.

Production System

Environmental Monitoring and Control Program

(This section was written by Investigator Seifert)

On 09 January 2023, Mr. Dennis Gerlach, Director of Validation provided an overview of environmental monitoring. We (WS and BD) reviewed SOP-00791, *"Environmental Monitoring for Hallway, Airlock, and Gowning Areas"*, Rev 1, 08 November 2021, **see Exhibit 29.** Total particle is conducted quarterly for trending purposes only. We reviewed SOP-00790, *"Environmental Monitoring for Non-Sterile Packaging"*, Rev 18, Effective date 29 September 2021, with environmental monitoring for E3, E2 and H1 quarterly that includes static and dynamic testing for total particle, viable air, and surface monitoring of walls and floors, see **Exhibit 30.** In E2, assembly

and blistering, there is no environmental monitoring of the drug product, blistering indirect product contact work surfaces.

We (WS and BD) reviewed the EM results for 2021 - 2022 for E3, E2 and H1 for non-viable, viable air, and wall and floor monitoring. A contractor, AATL, supports EM monitoring with the firm audited, with training conducted for PCI LLC. EM sampling and reporting procedures. There is PCI oversight of AATL during sampling, with validation review of the test results.

We reviewed the Q3 2022 E2 average viable wall results, with some TYMC above alert, no trend. We reviewed the Q3 G03 average wall viable TYMC equal to the alert limit, no trend. No other rooms exceeded the alert limit.

On 11 January 2023, Mr. Dennis Gerlach, Director of Validation provided an overview of the risk assessment in determination of EM points. The non-viable EM monitoring is conducted by potable calibrated Bioluminometer and for E2, blistering, quarterly. EM testing includes viable air, bi-annual. Viable surface sampling is conducted quarterly. An environmental monitoring position paper, 28 August 2017 includes static and dynamic sampling, **see Exhibit 31.** Sampling is conducted at the location or process where microbial contamination is deemed likely to occur or where it has the potential to adversely impact product quality. Environmental sampling locations includes locations that are difficult to clean, locations where the product is exposed to the environment, and any area that has the potential to contribute to the spread of contamination.

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 1.a.

Facilities & Equipment

Facility Maintenance, Cleaning, Disinfection and Sanitization

(This section was written by Investigator Seifert)

On 09 February, Mr. James Azhambault, Packer and Khareem Preston, Packer provided an overview of the facility cleaning procedure according to SOP-00849, *"Potable Equipment Cleaning"*, Rev 5, Effective date 25 August 2021. The procedure describes the cleaning process, sanitization process from January to June with 70% IPA, and July to December with 6% Steri-Perox. We (WS and BD) reviewed SOP-00803, *"Cleaning Procedure for Facility"*, Rev 22, Effective date 4 November 2021, with the procedure similar to the prior, a description of cleaning for rooms, gowning, airlock, etc. once per shift. We (WS and BD) reviewed SOP-00804, "Cleaning Procedure for Packaging Rooms", Rev 47, Effective date 5 January 2023. The frequency of cleaning is every lot change. The cleaning agents 70% IPA and 6% Steri-Perox are ready to use. Cleaning is conducted by PCI LLC no external contractor.

We (WS and BD) reviewed the cleaning efficacy, *"Final report for the 6% Steri-Perox Disinfectants/Sanitizer Efficacy Study - 11/25/2015"*. The scope was efficacy of the disinfectants, sanitizers on product contact parts and primary packaging lines, 3x studies. The equipment contact parts were cleaned and swabbed after 5-days. The acceptance criteria was the swab 4in^2 must be NMT 20 CFU, with no *Salmonella, Escherichia* coli, or *Staphylococcus aureus. Candida albicans* and counts of mold are not to exceed 20% of total allowable counts or NMT 4 CFU mold. Positive and negative controls were prepared.

On 10 January 2023, Siju John, Validation Manager provided an overview of Steri-Perox and the 70% IPA, base cleaning process and sanitization protocol, change validation protocol for cleaning primary packaging lines CS14-068, product methotrexate, worst-case 20 May 2014. For the 70% IPA, 3x batches of Methotrexate were manufactured, followed by cleaning by procedure, with the 70% IPA suitable for microbiological and detergent residues. The acceptance criteria for bacteria and mold were NMT 20 CFU/4in^2, and no objectionable organisms that include *P. aeruginosa, S. aureus, and Salmonella.* The dirty and clean hold was validated at 30-days.

We (WS and BD) reviewed the Steri-Perox 6% R15-218 under *"Final Report for the Steri-Perox Disinfectant/Sanitizer Efficacy Study"*, 23 November 2015. The same study design and acceptance criteria was applied as the 70 % IPA, acceptable. Testing included positive and negative controls, with contractor, test lab AATL performing testing.

Utilities

(This section was written by Investigator Seifert)

On 10 January 2023, the firm provided an overview of the oil free compressed air 2022, EM testing under VAL-00013807, *"EM Testing Report,"* with testing 4x per year. We (WS and BD) reviewed the compressed air testing under VAL-0013807, only at the compressors and not at the points of use. Testing was for particles ≥ 0.5 micron < 100,000 PPCM, ≥ 5.0 micron ≤ 2,000 PPCM, bacterial ≤ 25 CFU/ft^3, mold ≤ 25 CFU/ft^3, oil at ≤ 1.0 mg/m^3, and dew point ≤ 4°F. The outside testing firm, AATL, conducts the EM testing. Routine testing at the points of use have not started, with the procedure updated and approved for point of use testing. A single test was conducted at the VHP system, ATLL sample under #22-016481/1 R1 03/09/22. Particle, bacterial, TYMC, hydrocarbon and dew point were to specification.

Risk Assessment

(This section was written by Investigator Seifert)

On 10 January 2022, the firm provided an overview of the risk assessment, FMEA SOP-211.22.d.2, *"Risk Assessment # RA2021-011,"* 2021, see **Exhibit 32**. The scope is cross contamination mitigation and is not specific microbiological control for Eylea. The scope further includes facility design, labeling design, line clearance, cleaning and equipment, cleaning validation, material movement,

gowning, and HVAC. In Eylea blistering operations, a lab coat, gloves, foot booties, and hairnet are required, with no face mask. The firm explained that the manufacturing process is bioburden control.

We (WS and BD) reviewed the Regeneron Risk Assessment RA-1331, Secondary Manufacturing of Eylea Pre-filled Syringes in Non-classified Space at PCI, Effective V1.0, 07 November 2022 see **Exhibit 33.** The scope was a risk-based impact assessment summary report. Risk of microbial contamination includes rooms for manufacture positive to the corridor. The facility SOP under 00793, Air Handling System Differential Pressure Check is Annual by testing, see **Exhibit 34.** There is no magnehelic or BMS system in support the differential pressure is to specification, during routine manufacture. The risk assessment is a description of the PCI LLC process for manufacture but fails to look at other sources of microbiological contamination.

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 1.e.

Procedure SOP-00783, *"Gowning Cleanliness and Sanitary Practice of Personnel"*, Rev 34, 29 September 2021 includes gowning materials, **Exhibit 35.** Another SOP explains gowning for blistering, a bioburden control process with masks not required. We (WS and BD) reviewed the product assessment, Eylea, Product/PPE/Room/Heath and Risk Assessment, see **Exhibit 36**. Safety performed the heath assessment, original assessment that may have not included the bioburden control strategy, blistering system with Eylea syringe sterilized. Standard gowning is applied in Eylea blistering with no mask required as described in the batch record, PCR-WIP-VHP, *"Master Packaging Instruction: Regeneron"*.

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 1.d.

Equipment Qualification

(This section was written by Investigator Seifert)

On 09 January 2023, Mr. James Reingruber, Validation Specialist provided an overview of equipment qualification for labeling area E3 and blistering E2. E3 equipment qualified included a syringe de-nester, labeling system, plunger rod insertion and the option to install the finger flange (manufacturing process at a later date). The system for labeling and plunger rod insertion, was moved from area G4 to area E3 under change control. We (WS and BD) reviewed the IOQ for the specified equipment under Protocol VP19-097, *"Installation and Operational Qualification Groninger Syringe De-Nesting and Assembly Machine"*, 08/2019. There were no deviations in execution of the IOQ.

We (WS and BD) reviewed the *"IOQ Qualification Addendum - Groninger Syringe Labeler 1712 - VP21-177"*, January 2022. The IOQ was for a drive motor replaced, with no deviations.

VHP Unit PQ

(This section was written by Investigator Seifert)

On 09 January 2023, Mr. Alex Tenerelli, Process Engineer, provide an overview of the VHP PQ under *"Final Summary Report Confirming Validation for Sterilization of Eylea Prefilled Syringe Blister Packs, Performance Requalification Product Sterilization Process, VP22-118, FR22-118"*, 19 December 2022, VHP-Sterilizer H3971 VHP(1). The maximum and minimum load was originally qualified, with only the maximum load based on worst case qualified in requalification. Each system, VHP unit 1 and 2 have a different sterilization recipe. The sterilization process includes leak test with a limit of 10 mbar over 10 minutes, air removal, temperature regulation at ≤ 28 ± 2°C between probes and 2°C from each probe, jacket ≤ 30°C, and exposure phase that includes 5x injection pulses with 35% VHP by hot plate. The amount of H2O2 dispensed is by calibrate scale at 626g total. Post exposure the VHP is dissipated with 0.2 µm filtered oil free compressed air. The oil free compressed air by central utility is copper to stainless steel for VHP 2, and black iron, copper to stainless for VHP 2, with EM monitoring including total particle count, viable air, and hydrocarbon.

In validation, 120 chemical and 120 biological indicators were positioned throughout the load, with Regeneron and Steris supporting the process and Eurofins supporting biological indicator testing. PCI has audited Eurofins for testing. In requalification, full load, 10,336 blister are sealed without syringes, with 45 Eylea blistered units for sterility test, with 120 BI and CI units distributed with blistered syringe units throughout the load. The requalification load does not represent the commercial load.

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 1.f.

On 10 January 2023, Siju John, Validation Manager provided an overview of the vacuum conditions applied in the syringe, blister pack sterilization process that includes Leak Test at 500 mbar, Pre-condition Parameters at 500 mbar, Exposure at 500 mbar, Aeration 1 at 800 mbar and Aeration 2 at 500 mbar. The process is to replace ambient air with oil free compressed dry air.

On 10 January 2023, Mr. Dennis Gerlach, Director of Validations provided an overview of the VHP unit qualification under PQ-P17-233.01, *"Performance Qualification Addendum for the Sterilizer Asset #3840"*, 05 April 2019, VHP1. I reviewed the "Final Report for PQ for VHP Sterilizer Asset #3840 R17-223-01", rev 0, VHP Sterilizer Asset #3840, Sterilizer Room. According to Section 7.3.1 Maximum Load - Full Load of Syringes, 3x maximum loads, 10,336 blister packed syringes included 120 BI and 120 CI units, (trays containing pre-filled syringes) see **Exhibit 37**. 3x minimum load studies were conducted for 5,472 blister packed syringes. The biological indicators were located completely inside the blister pack and sealed by tape for BI entry point. 4x VHP pulses were validated, with product applying 5 pulses. We (WS and BD) reviewed PCR-WIP VHP Rev 7.0, *"Manufacturing Packaging Instructions Regeneron"*, with 5,472 and 10,336 syringes identified as the validated loads. The

biological indicators were *Geobacillus sterothermophilus,* with Eurofins providing test results. We (WS and BD) reviewed VHP2, *"Final Report for the PQ of the VHP Sterilizer Asset #3971, FR20-018, Rev 0, Regeneron, Steris, PQ, VP20-018 of the VHP Sterilizer, Asset #3971, 05/2020, VHP2".* 3x maximum loads at 10,336 syringes and 3x minimum load at 5,472 syringes included 120 CI and 120 BI units. All testing was acceptable. We (WS and BD) reviewed the most recent requalification with testing for 40 sterility samples, 120 chemical indicators, 120 biological indicators and > 10K empty carton units, see **Exhibit 38**. Testing was acceptable.

A rented Tracksense datalogger supported temperature mapping for the annual distribution profile, with TCs pre and post calibrated. There is no minimum load study, with the maximum load study worst-case.

We (WS and BD) reviewed the most recent requalification for VHP 1 under *"Final Summary Report Continuous Validation for Sterilization of Eylea Pre-filled Syringe Blister Pack, Performance Requalification, Product Sterilization Process - VP22-118 FR22-118, Eylea Pre-Filled Syringe Blister Pack VHP Sterilizer #3978 (VHP 1)".* The maximum load was conducted 21 December 2022, empty chamber with 30 TCs geometrically placed ≤ 35°C, acceptable. We reviewed the maximum load with 120 CI and 120 BI units, acceptable.

We (WS and BD) reviewed the VHP-2, *"Final Summary Report, Validation for Sterilization of Eylea Pre-filled Syringe Blister Packs, Performance Requalification Product Sterilization Process, Protocol VP22-119, Report # FR72-119, Regeneron, Eylea Pre-filled Syringe Blister Packs VHP Sterilizer #3971 (VHP2), Sterilizer Room, 22 December 2022".* Testing was the same as prior, acceptable.

On 11 January 2023, Mr. Alex Weaver, Senior Director of Engineering provided follow up to the VHP units, with VHP2 just started commercial manufacturing in May 2022. I (WS) questioned if there was a plan to replace the non-oil free compressors and black iron distribution system with a system meeting current industry expectations, with Mr. Weaver indicating yes. The current system as designed supported by testing meets the established acceptance criteria.

On 11 January 2022, Mr. Andrew Cook, Regeneron SME (Virtual), Mr. Dustin Blodgett, Regeneron SME (Virtual), and Dwight Ricci, Regeneron SME (Virtual) provided follow up to the VHP2 unit, with the system released for commercial manufacture May 2022, with Eylea approved for manufacture 2019. In a t-con with Regeneron, it was discussed that 500 mbar for the sterilization cycle exceeds the vacuum level evaluated in the shipping study and that it was unclear how the additional vacuum applied during the VHP cycle could impact the plunger stopper movement and the sterile barrier. It was also discussed that the two aeration steps post VHP exposure were to reduce residual VHP and to dry the load, with loads not confirmed as dry post VHP (commercial manufacture). The blister packaging, Tyvek supports a microbial barrier, tortuous path, with the cutsheet for the Tyvek used in manufacture provided, see **Exhibit 39.** The Tyvek is designed for the intended application.

The VHP qualification was conducted in 2017, full load of syringes, with the elimination of the full load of syringes and replacement with empty blister in 2018. A memo addressed the load change based on risk, see **Exhibit 40.** The empty blister packs fail to represent the commercial maximum load. A dye leak test is conducted at Regeneron for the blister packs, beginning, middle and end of the run.

This resulted in a 483 Observation and is additionally discussed under Objectionable Conditions and Management Response 1.f.

Packaging and Labeling System

(*This section was written by Investigator Theodorou*)

I reviewed the following batch records to determine the firm's packaging and labeling process.

- Miconazole 1200mg pouch, lot 4730498
- Miconazole 1200mg pouch, lot 5022198
- Miconazole 1200mg pouch, lot 4842883
- Vascepa1 G Capsules 120ct lot 2B09703
- Vascepa 1 G Capsules 120ct lot 1L09120

I also reviewed the following master packaging instructions:
Santyl Ointment 30g/90g
SURGIPHOR/SURGIRINSE
Tobramycin (TOBI) 300MG/5ML 56 AR

A majority of the firm's packaging process will have a visual camera system that verifies that printed lot and expiration dates are correct, and check weigher to determine that the container is within the designated weight specification for the product. Equipment challenges are performed during start up, in process and at the end of packaging activities depending on the product where in equipment such as the cap detection system, the induction liner system, and the bottle label vision system are challenged in various ways as identified in the batch record under a pass/fail qualification. In process checks are conducted following ANSI/AQL standards. Non Tolerable/Critical defects for In-Process Checks are: Incorrect/foreign product, dosage form or strength, or container not internally clean/free from harmful foreign material, incorrect lot# or expiration date, illegible or missing lot #, expiration date, serial number and/or variable data (as applicable) printed on primary labeling to identify a few.

I reviewed the firm's procedure, SOP-01100 *Labeling Control*, rev10 effective date 09/01/2021 which provides the requirements for the receipt, issuance, and accountability of labeling. The procedure states that the shipping and receiving department is responsible for identifying the labeling by product, code/specification

I reviewed the firm's procedure, SOP-00715 *Packaging Line review and Quality Verification,* rev02, effective 11/27/2022 which describes the usage, completion, and escalation methods of performing activities described on the Packaging Line Review Sheet. The Review Sheet establishes the minimum requirements required for a standard packaging run within operations. The Review Sheet ensures that activities performed within a packaging run conforms to written procedures, requirements and instructions established by the firm.

My review of these documents and records where unremarkable, however as discussed under the Deviations, and in **Observation 3.a** in the **Objectionable Conditions and Management Response** section of this report, the firm shows a history of failing to identify errors with the lot number and/or the exp date printed on the primary packaging of drug products and subsequently releasing them to their clients for distribution.

OBJECTIVE 2: CONFORMANCE TO APPLICATION

Application Conformance

(This section was written by Investigator Seifert)

The manufacturing process conformed to the application.

Data Omissions

(This section was written by Investigator Seifert)

There were no data omissions.

OBJECTIVE 3: DATA INTEGRITY AUDIT

Data Integrity

(This section was written by Investigator Seifert)

On 12 January 2023, Ms. Cathy Cabrera, Director of Quality Systems provided an overview of data integrity, computer systems. I reviewed Doc # WI-00033 Rev 1 - 11 June 2021, *"Completing System Regulatory Impact Determination (RID) Form"*. The scope is all computer systems for regulatory impact. I reviewed Doc Form-000319, v3, *"Regulatory Impact Determination (RID)"*, VHP units. The VHP units are standalone systems with proprietary software that included an HMI. The prior form includes a questionnaire for user levels, PCI operator, PCI line leader, PCI supervisor, PCI engineer, and PCI administrator. The administrator for the VHP units is Engineering. The questionnaire further includes an assessment for audit trail, calibration and maintenance, safety, migration interface, and data integrity. Data integrity according to ALCOA includes user login, electronic signature, deletion of data not possible, alter date and time not possible, audit trail is always active, and can't overwrite. For each batch, the data is printed with manual electronic backup. We (WS and BD) reviewed the audit trail review according to procedure 211.56.b.6, *"Steris VHP Sterilizer Unit Administration Responsibility, Password Management, Access, Backup, and Roles and Responsibilities"*, Rev 0, July

28, 2020. The scope is user and password management, audit trail management, batch report management and PLC/HMI backup and recovery.

In data integrity, run data is printed, but not the audit trail. The VHP cycle recipe is verified every quarter by Engineering. The audit trail is reviewed annually by Engineering and quality. The printing of the run data supports data integrity as there is evidence of the run number. Regarding Eylea manufacture, there is limited computer systems, with the VHP system run data supporting evidence of data integrity with system use access of appropriate design.

MANUFACTURING CODES

(*This section was written by Investigator Theodorou*)

According to Mr. Cligget, the firm's lot numbering system for finished products has not changed since the previous inspection conducted 10/21/2022. Specifically, the firm receives unique and specific lot information for the labeling/packaging and the product; these are identified as the PACKET# and the BULK LOT#, respectively. This information is recorded in the batch record and is associated with a seven-digit Work Order number (WO#). This Work Order # is then used as the lot number on the final packaged product. The expiry date is specific to each product and the format is dictated by the customer

COMPLAINTS

(*This section was written by Investigator Theodorou*)

Please see the Quality System Section of this report which contains a dedicated section of complaints that were covered during this in section. No observations were made of any documents that were reviewed.

RECALL PROCEDURES

(*This section was written by Investigator Theodorou*)

According to Mr. Cliggett, the firm has not been involved in any recalls since the previous inspection. The firm recently completed its mock recall program in Nov 2022 which is performed on an annual basis

OBJECTIONABLE CONDITIONS AND MANAGEMENT'S RESPONSE

A close-out meeting was held on 01/12/2023 with Gill Valdez, SVP, Commercial Packaging Technology and Supply Chain, Catherine Cabrera, Director of Quality Systems, Mark J. Burke, Executive Director of Quality Jennifer Carrion, Sr. Quality Operations Manager, Tammi Leith, Regulatory Affairs Specialist and Thomas Cliggett, Director of Quality Operations at which time a Form FDA 483, Inspectional Observations, was issued.

OBSERVATION 1

Your firm failed to establish adequate written procedures for production and process controls designed to assure that the drug products have the identity, strength, purity, and quality that they are purported or represented to possess.

Specifically,

a. Your environmental monitoring plan as defined in SOP, SOP-00790, "Environmental Monitoring for Non-Sterile Packaging", Rev 18, effective date 29 September 2021, is insufficient for aflibercept PFS assembly and blistering line E2 as no surface environmental monitoring is conducted for the product contact/indirect product contact surfaces such as the syringe assembly area and associated surfaces. According to SOP-00790, "Environmental Monitoring for Non-Sterile Packaging", Rev 18, section 7.4.2.2 states that sample sites for surface (floor and walls) viable shall be based on the following: "Sites and/or processes where microbial contamination is deemed likely to have an adverse effect on product quality, sites that represent the most difficult areas to clean, and activities in the area that contribute to the spread of contamination."
b. Complaints received by your client included moisture observed in the syringe blister package. Post aflibercept (Eylea) PFS VHP, there is no procedural requirement in confirmation of load dryness and absence of moisture in the syringe blister packaging or any other defect that may pose a risk to product quality.
c. The sterilization of the aflibercept (Eylea) PFS within the blister pack is conducted by VHP that includes Chamber Leak Test at 500 mbar, Pre-condition Parameter at 500 mbar, Exposure Parameter at 500 mbar, Aeration Parameter 1 at 800 mbar and Aeration Parameter 2 at 500 mbar. The aflibercept shipping validation supports a pressure change at 572 mbar in support plunger stopper movement, assuring the sterile barrier is maintained. The worst-case pressure level applied at 500 mbar during the syringe VHP process has not been validated to assure the sterile barrier is maintained.
d. Document titled, Product Assessment - Eylea (aflibercept) - Product/PPE/Room/Health and Risk Assessment was performed by your internal PCI Safety, with standard gowning to be applied during manufacture that does not include a face mask. The assessment is deficient as it failed to account for the manufacturing bioburden control strategy, with the donning of a mask providing enhanced bioburden control.
e. Document RA-1331 (risk assessment), "Secondary Manufacturing of EYLEA Pre-Filled Syringe in Non-Classified Spaces at PCI" indicates that production rooms are positive pressure to the hallways per PCI SOP-00793; however, there is no calibrated magnehelic or BMS system to provide assurance of adequate continuous differential pressure control for the production rooms.
f. The requalification of the aflibercept (Eylea) VHP sterilization process includes 10,336 blister packs sealed and without pre-filled syringes, with 45 blister packs containing an aflibercept PFS spaced throughout the load for sterility testing and 240 blister packs total containing an

aflibercept PFS for 120 (CI units) and 120 (BI units). The use of 10,336 empty blister packs is not representative of the commercial maximum load.

Reference: 21 CFR 211.100(a)

Supporting Evidence and Relevance:
(This section was written by Investigator Seifert)

Observation 1A
SOP-00790, *"Environmental Monitoring for Non-Sterile Packaging"*, Rev 18, Effective date 29 September 2021 identifies environmental monitoring for areas E3, E2 and H1 quarterly, static and dynamic testing for total particle, viable air, and surface monitoring of walls and floors, see **Exhibit 30.** An environmental monitoring position paper, 28 August 2017 includes static and dynamic sampling, see **Exhibit 31.** Sampling is conducted at the location or process where microbial contamination is deemed likely to occur or where it has the potential to adversely impact product quality. Environmental sampling locations includes locations that are difficult to clean, location where the product is exposed to the environment, and any area that has the potential to contribute to the spread of contamination.

In E2, assembly and blistering, there is no environmental monitoring of the drug product, blistering indirect/direct product contact work surfaces that may offer a better understanding of the biological flora on the drug product is exposed to and impact on product quality.

Observation 1B
Five different customer complaints for moisture were in the Eylea drug product blister packaging: COMP-2022-4112 (condensate in blister), COMP-2022-4113 (condensate in blister), COMP-2022-4056 (condensate in blister), COMP-2021-0058 (leak in blister), and COMP-2022-4111 (water). PCI LLC indicated the root cause was external to PCI, with no failures or anomalies associated with the batch. Post VHP, residual VHP converts to water vapor and oxygen that dissipates, with moisture in the VHP DP blister package an objectionable condition. There is no inspection of the Eylea syringe blister packs post VHP for absence of moisture or any other defects that would pose a product quality concern.

Observation 1C
In a t-con with Regeneron, it was discussed that 500 mbar for the VHP sterilization cycle exceeds the vacuum level evaluated in the shipping study and that it was unclear how the additional vacuum applied during the VHP cycle would have on the plunger stopper movement and maintaining the sterile barrier.

Observation 1D

Product assessment, Eylea, Product/PPE/Room/Heath and Risk Assessment, identifies the level of gowning in Eylea manufacture, see **Exhibit 36**. Safety performed the heath assessment, original assessment that may not have included the bioburden control strategy required for blistering of the Eylea syringe, followed by VHP sterilization. Standard gowning is applied in Eylea blistering with no mask required as described in the batch record, PCR-WIP-VHP, *"Master Packaging Instruction: Regeneron"* and as observed during the inspection tour of Eylea blistering operations.

Observation 1E

Regeneron Risk Assessment RA-1331, Secondary Manufacturing of Eylea Pre-filled Syringes in Non-classified Space at PCI, Effective V1.0, 07 November 2022 includes rooms for manufacture positive to the corridor, see **Exhibit 33**. The facility SOP under 00793, Air Handling System Differential Pressure Check is annual by testing, see **Exhibit 34**. There is no magnehelic or BMS system in support the differential pressure is to specification, during routine manufacture.

Observation 1F

VHP unit qualification was conducted under PQ-P17-233.01, *"Performance Qualification Addendum for the Sterilizer Asset #3840"*, 05 April 2019, VHP1. The final report was included under "Final Report for PQ for VHP Sterilizer Asset #3840 R17-223-01", rev 0, VHP Sterilizer Asset #3840, Sterilizer Room. According to Section 7.3.1 Maximum Load - Full Load of Syringes, 3x maximum loads, 10,336 blister packed syringes included 120 BI and 120 CI units, (trays containing pre-filled syringes) see **Exhibit 37.**

VHP2, *"Final Report for the PQ of the VHP Sterilizer Asset #3971, FR20-018, Rev 0, Regeneron, Steris, PQ, VP20-018 of the VHP Sterilizer, Asset #3971, 05/2020, 'VHP2"* included 3x maximum loads at 10,336 syringes and 3 x minimum load at 5,472 syringes included 120 CI and 120 BI units.
The most recent requalification included testing for 40 sterility samples, 120 chemical indicators, 120 biological indicators and > 10K empty carton units, see **Exhibit 38**. The > 10K empty cartons does represent the commercial maximum load in manufacture.

Discussion with Management:

Observation 1A

On 12 January 2023, the firm questioned during the close meeting if environmental monitoring of the product indirect/product contact work surfaces was an expectation. I (WS) indicated the DP packaging conveyors is an example of a surface that may provide a better understanding of the bioburden load and impact on drug product quality. According to the position paper, environmental sampling locations should include locations that are difficult to clean, location where the product is exposed to the environment, and any area that has the potential to contribute to the spread of contamination, the product conveyors for example, product indirect/direct contact surfaces. The firm understood the objectionable condition.

Observation 1B
During the closeout meeting on 12 January 2022, the firm had no questions.

Observation 1C
The applicant Regeneron committed to performing a plunger stopper movement study to assess the vacuum applied during the VHP process, see **Exhibit 41.** During the close meeting on 12 January 2023, the firm had no questions.

Observation 1D
During the close meeting on 12 January 2023, the firm had no questions.

Observation 1E
The firm had no questions during closeout meeting on 12 January 2023.

Observation 1F
The VHP qualification was conducted in 2017, full load of syringes, with the elimination of the full load of syringes and replacement with empty blister packs in 2018. A memo addressed the load change based on risk, see **Exhibit 40**. The empty blister packs failed to represent the commercial maximum load. During the closeout meeting on 12 January 2023, the firm had no questions.

OBSERVATION 2
Equipment used in the manufacture, processing, packing or holding of drug products is not of appropriate design to facilitate operations for its intended use.

Specifically, your Building 1 air compression system supporting aflibercept (Eylea) sterilization by VHP system (VHP 2) is not of oil free design, with the air distribution system to the VHP 2 sterilizer including black iron piping. Though the air compression system includes hydrocarbon removal and distribution system in-line point of use hydrocarbon and particulate filtration, the system design is inconsistent with current GMP expectations.

Reference: 21 CFR 211.63

Supporting Evidence and Relevance:
(This section was written by Investigator Seifert)
Plant 1 includes 2x air compressors used for VHP2, not oil free in design. Post air compression, filtration occurs followed by 3x driers to a receiving tank. Post receiving tank, the air is distributed by black iron piping (100s feet of piping), with copper to stainless at the VHP2 system point of use. Hydrocarbon filters are located within the compressor and at the newly installed filtration unit near the VHP 2 sterilizer. The compressors are supplied with food grade oil in air compression. The system

was originally for instrument air and through filtration and testing, the system meets process air requirements in support of the VPR process. Although the filtration and testing of the air meets the intended air quality specification, the system doesn't meet current GMP design expectations.

Discussion with Management:
(This section was written by Investigator Seifert)
The firm commits to upgrading the Plant 1 air compression system and distribution piping to meet current industry expectations, see **Exhibit 42.**

OBSERVATION 3
The responsibilities and procedures applicable to the quality control unit are not fully followed.

Specifically, your firm failed to follow the following procedures:

a) According to your standard operational procedure entitled *"QA Batch Record Review and Product Release,"* SOP-00765, rev 45, Section 2.5, the Quality Associate is responsible "to review, verify presence of all batch record pages, verify correct batch record pagination and accuracy, coordinate error corrections with the Quality Associate or designee, assure Deviation Reports are complete and closed, and approve the batch record for PCI release." The following are examples of drug products that were released by your Quality Unit for commercial distribution with inaccurate lot numbers and/or expiration dating.
   - DEV-2022-0244, Alkermes Vivitrol 380mg (naltrexone for extended-release injectable suspension) Kit, lot# 190592C, expiration 04/30/2024 released with an incorrect expiry of 05/31/2024
   - DEV-2022-0244, Alkermes Vivitrol 380mg (naltrexone for extended-release injectable suspension) Kit, lot# 190604C, expiration 04/30/2024 released with an incorrect expiry of 05/31/2024
   - Event-2022-5953, Flexion Therapeutics Zilretta 32mg (triamcinolone acetonide extended-release injectable suspension) Finished Kits, lot# 111003, expiration 11/2023 released with an incorrect lot number of 22-9006
   - Event-2022-6666, Amgen Repatha AMG 145) HMP, 120mg/mL, 3.5mL (evolocumab), lot# 1153429, expiration 12/31/2024 released with an incorrect expiry of 10/31/2024

b) Your procedure, SOP-00240 *"Corrective Action and Preventative Action (CAPA)"*, revision 01, effective 11/05/2021, section 5.1.8 states that "effectiveness checks should be considered as part of the CAPA plan and the scope and method of confirmed effectiveness should be detailed as part of the plan." CAPA 433782 which was opened on 12/14/2021 to document the correction for installing the proposed changes indicator for setting the crimper clearance and pressure settings for E5 Doboy. This CAPA was closed on 05/20/2022. Your firm applied a new

effectiveness check review board to address current and future CAPAs however did not address the CAPA(s) that were opened within the effective date of your procedure.

This is a repeat observation from the previous inspection conducted 10/17/2022 – 10/21/2022.

Reference: 21 CFR 211.22(d)

Supporting Evidence and Relevance:

Observation 3.a
(*This section was written by Investigator LePage*)
According to the standard operational procedure entitled "QA Batch Record Review and Product Release," SOP-00765, rev 45, Section 2.5 (see **Exhibit 28**), the Quality Associate is responsible "to review, verify presence of all batch record pages, verify correct batch record pagination and accuracy, coordinate error corrections with the Quality Associate or designee, assure Deviation Reports are complete and closed, and approve the batch record for PCI release." I noted in my documentation evaluation that QA reviewed and subsequently released numerous drug products that were labeled with incorrect lot numbers and/or expiration dates. All the mislabeled drug products were sent to the customer, who placed the order directly with PCI, and not further distributed. The following are examples of drug products that were released by your Quality Unit for commercial distribution with inaccurate lot numbers and/or expiration dating.

DEV-2022-0244 (**Exhibit 19**)
Vivitrol® (naltrexone for extended-release injectable suspension) 380mg/vial, lot #2022-3005T, expiration 04/30/2024 kits (see **Exhibit 20**) were assembled with some of the following components.

- Vivitrol® microspheres (naltrexone for extended-release injectable suspension) 380mg/vial, lot #0000110944, expiration 10/2024
- Administrative needle (1.5") lot# 190592C, expiration 04/30/2024
- Administrative needle (1.5") lot #190604C, expiration 05/31/2024
- WIP Diluent Vial, lot #00108206B, expiration 03/2025
- 5mL Luerlock Syringe, lot# 210112V, expiration 12/31/2025

The expiration date of the kit is based off the component that expires first, therefore the kits should have received an expiration date of 04/30/2024, which correlates to the administration needle (1.5") lot# 190592C. The kits were assigned the incorrect expiration date of 05/31/2024, which corresponds to the administration needle (1.5") lot #190604C. Vivitrol® (naltrexone for extended-release injectable suspension) 380mg/vial, lot #2022-3005T was released on 03/24/2022 by QA (see **Exhibit 207**). On 03/31/2022 PCI was notified by their customer that the drug product released to them was incorrectly labeled with the wrong expiration date. The 3600 affected kits were

repackaged to reflect the correct expiry of 04/30/2024.

Event-2022-5953
Flexion Therapeutics Zilretta 32mg (triamcinolone acetonide extended-release injectable suspension) Finished Kits, lot# 111003, expiration 11/2023 released with an incorrect lot number of 22-9006. This event was listed in error on the FDA Form 483, as the discrepancy was caught during the batch record review process.

Event-2022-6666 (**Exhibit 21**)
On 12/19/2022, PCI was notified by their customer that they had received Repatha® Pushtronex® system (evolocumab) 420mg/3.5mL, lot# 1153429, expiration 12/31/2024 labeled with the incorrect expiration date of 10/31/2024. QA approved the batch record release on 12/19/2022 and released the shipment on 12/20/2022 (see **Exhibit 22**). The customer kept the product and distributed it, indicating that the product was not affected since the expiry was short dated by two months.

In addition to the aforementioned lots indicated on the FDA Form 483, I noted during my document review that several other drug products were released by QA with incorrect lot and/or expiration dates that were discovered and reported by the PCI customers. The following are the deviations and the associated released drug product lots.

PR-DN424609 (**Exhibit 17**)
The customer Eirgen contacted PCI on 11/20/2019 to inform them that they received an unreleased lot of the product Rayaldee 30mcg, 30ct, Lot #3868797. QA approved the batch record release on 10/25/2019 and released the shipment on 11/15/2019 (see **Exhibit 18**). The firm determined the root cause to be human error. The firm initiated CAPA 424768 and conducted "Awareness" training for the Quality Teams personnel associated with batch release. The customer kept the drug product lot sent in error and distributed it in lieu of the originally requested lot. Rayaldee 30mcg, 30ct, Lot #3868797 expired 12/2020.

PR-DN422935 (**Exhibit 43**)
On 07/31/2019 PCI was contacted by their customer, Pfizer, and notified that three lots of Cortef 10mg, 100ct, received at their distribution center were labeled with incorrect expiration dates. The three lots of Cortef packaged at PCI were CCFTK (see **Exhibit 44**), CCFTK1 (see **Exhibit 45**) and CCFTK2 (see **Exhibit 46**) with an expiration date of 02/2022 but were labeled the expiration date 02/2023. QA released the shipment on 07/10/2019. These Cortef 10mg, 100ct lots were manufactured in the US and packaged for distribution in Hungary.

Observation 3.b
(*This section was written by Investigator Theodorou*)

Exhibit 23 consists of SOP-00240, Corrective Action and Preventative Action which was in effect at the time of the creation of CAPA 433782. Section 5.1.8 states that "effectiveness checks should be considered as part of the CAPA plan and the scope and method of confirmed effectiveness should be detailed as part of the plan."

Exhibit 24 consists of the firm's CAPA, CAPA-2022-0659 which was opened to document the corrections for the observation made during the previous inspection. Review of this document shows that the firm did not address the effectiveness checks for the identified CAPAs. However, it was noted that only CAPA 433782 was initiated after SOP-00240 was in effect.

Exhibit 25 consists of CAPA 433782 which was opened on 12/14/2021 to document the correction for installing the proposed changes indicator for setting the crimper clearance and pressure settings for E5 Doboy.

As part of its corrections to the observations that were made during the previous inspection ending 10/21/2022, the firm did not address the CAPAs mentioned in the observation. Nor did the firm provide any kind of statement stating if an effectiveness check was or wasn't needed and its justification

Mr. Burke and Mr. Cliggett stated that at the time the CAPAs were created the firm was still using the TrackWise system and that SOP 211.100.b.14 *CAPA Effectiveness*, rev2.0, effective 11/24/2020 would have been in effect as this CAPA was documented in the TrackWise system and not in MasterControl. Mr. Burke created a timeline for my review which I took a picture of (**Exhibit 52**).

At the time of the previous inspection, the firm had just implemented the migration of data into MasterControl and was using MasterControl to document new CAPAs. CAPA 433782 was opened on 12/14/2021. SOP-00240, Corrective Action and Preventative Action was in effect (effective date 11/5/2021) at the time of the creation of CAPA 433782.

Discussion with Management:

Observation 3.a

(*This section was written by Investigator LePage*)

During my document review I discussed with Thomas Cliggett, Director of Quality Operations, the numerous instances where the firm QA released batches to their customers without properly verifying batch information as indicated in their procedure. I emphasized that situations such as these may lead to product recalls and are concerning. I reiterated this during the closing meeting. The firm management indicated that they understood and would respond to the Form 483 in writing, within 15 business days.

Observation 3.b
(*This section was written by Investigator Theodorou*)
Management stated that they understood and promised to respond in writing within 15 business days.

OBSERVATION 4
Buildings used in the manufacture, processing, packing or holding of drug products are not maintained in a clean and sanitary condition.

Specifically.

a. Deteriorated insulation and a deteriorated gasket was observed at a finger flange assembly system for syringe labeling and plunger rod insertion System 1712, Area E3. Excess grease was observed on the plunger rod shafts.
b. The air compression system located in Building #1 and used for oil free compressed air to the VHP 2 sterilizer was observed in an upkept state, including debris observed at an air compressor intake.
c. Walk-in 2 - 8°C refrigerator 150845 as observed in with waste material such as dirt and debris on the floor and behind and between pallets. Refrigerator 150845 is used to store finished drug products such as aflibercept PFS and materials needing temperature control.
d. Automated doors leading to E2, syringe blistering, and syringe VHP were observed not functioning correctly.

Reference:21 CFR 211.56(a)

Supporting Evidence and Relevance:
(This section was written by Investigator Seifert)

Observation 4A
Within are E3 a Groninger syringe tub conveying system was observed, unit 5349, followed by labeling and plunger rod insertion system, asset 1712. A finger flange unit was observed with deteriorated insulation and gasket, see **Exhibit 10.** The plunger rod shafts were observed with excess grease, see **Exhibit 11.**

Observation 4B
The air compressors in Plant 1 (Building 1) and the system in general that includes the work area was observed in an unclean state, see **Exhibit 14.**

Observation 4C

The 2 - 8°C walk-in unit 9 (150845) was observed in an unclean state, see **Exhibit 06**

Observation 4D
The Eylea finger flange assembly and blistering area assess door was observed non-functional, see **Exhibit 12.**

Discussion with Management:
(This section was written by Investigator Seifert)

Observation 4A
The firm provided corrective action by order confirmation of materials, McMaster-Carr for insulation and Vinyl foam to replace the deteriorated insulation and gasket, **see Exhibit 47**. Furthermore, the firm provided corrective action by workorder MNT-02996-2023 for removal of excess grease from the plunger rod shafts, see **Exhibit 48**. During the closeout meeting on 12 January 2023, the firm had no questions.

Observation 4B
The firm provided corrective action that included cleaning of the compressors, dryers and general work area, see **Exhibit 49.**

Observation 4C
The firm provided evidence of corrective action by providing pictures of the walk-in unit cleaned and in good state of cleanliness, see **Exhibit 50.** During the closeout meeting, the firm had no questions.

Observation 4D
The firm provided corrective action by workorder MNT-02993-2023, Room E2 Reset Automatic Door Controller, see **Exhibit 51**. During the closeout meeting, the firm had no questions for the objectionable condition.

GENERAL DISCUSSION WITH MANAGEMENT

At the close-out meeting, the following items not included on the Form FDA 483 were discussed with firm management. Mr. Valdez indicated that he understood and promised corrections.

1. The H1 cartoning line was inspected during a manufacturing break, with three Eylea cartons containing product observed on the active conveying track, see **Exhibit 13**. It was questioned why the units were not positioned into an overpack prior to the break, with the firm rejecting, discarding the units. Leaving the units on the conveying track may cause degregation of the carton.

2. A field complaint was received for the Eylea DP, gray color for the DP, 3x syringe units. The root cause was explained as external to the PCI manufacturing process, with Eylea to be clear in appearance to pale yellow. The deviation investigation at PCI was a paperwork review. Regeneron conducted an elevated temperature study for Eylea, with the same color or similar color change in the DP observed. In discussion with the firm, it was questioned why Regeneron did not evaluate the syringes for contamination, where if there wasn't enough volume for test, perhaps the DP material could be plated in confirmation of absence of contamination. Although PCI is a CMO, assuring the absence of microbial contamination is also critical to PCI. In discussion with PCI, PCI should also work collaboratively with Regeneron to have a clear and complete understanding for absence of microbial contamination.

VOLUNTARY CORRECTIONS

(*This section was written by Investigator Theodorou*)

During the current inspection, I verified corrections to the following deficiencies from the previous inspection conducted 10/21/2022:

Observation 1

Buildings used in the manufacture, processing, packing or holding of drug products are not maintained in a clean and sanitary condition.

CAPA-2022-0658

- PCI opened a Work Order to repaint and caulk the baseboard lining in the rear wall along the seam of the wall.
- The water-stained ceiling tile was replaced.
- The roof was inspected by a licensed contractor and no roof leaks were identified.
- A contracted service will be resurfacing and resealing the exterior wall of that side of the building to prevent any potential leaks from extreme weather.
- The back wall of H3 and adjoining packaging rooms will be re-surfaced for ease of cleaning. The back wall will be flat and run straight across the room.

All above mentioned repairs to the interior and exterior of the building were completed by 12/2023.

In addition, the firm updated the cleaning logbooks to include more specific information around the cleaning of the packaging rooms. The new format will require specific entries around the cleaning of the walls, floors, and equipment as opposed to a single entry for both the individual performing the function and for Quality Assurance verification.

Observation 2

This was partially addressed by the firm but resulted in a repeat observation during this inspection.

EXHIBITS COLLECTED

Exhibit #	Description	Pages
1	Board of Directors	1
2	Bill of Lading Cortef Hydrocortisone	32
3	Product List	3
4	Organizational Charts	35
5	SMF-00020 Site Master File	41
6	Pictures of Walk in Fridge	7
7	Picture of Equipment in corridor	1
8	Picture of Correction	1
9	List of Individuals met during inspection	4
10	Pictures of finger flange unit	6
11	Pictures of plunger rod	2
12	Pictures of door to E2	2
13	Pictures of product on track	2
14	Pictures of Compressors	11
15	List of SOPs	12
16	SOP-00113 Deviation Reporting & Investigation	13
17	Packaging Record DN 424609	10
18	Packaging Record Rayaldee 3868797A	136
19	DEV-2022-0244	43
20	Packaging Record Vivitrol 380mg2022-3005T	203
21	EVENT-2022-6666	16
22	Packaging Record Repatha Kit 1153429	240
23	SOP-00240 Corrective Action and Preventative Action (CAPA)	8
24	CAPA-2022-0659	54
25	CAPA 433782	8
26	Pall filter information	1
27	Complaints for damaged syringes	18
28	SOP-00765 QA Batch Record Review and Product Release	22
29	SOP-00791 Environmental Monitoring for Hallways Gowning Areas	21
30	SOP-00790 Environmental Monitoring NonSterile Packaging	23
31	Environmental Monitoring Position Paper	6
32	FMEA SOP-21122d2 Risk Assessment RA2021-011	19
33	RA-1331 Secondary Manufacturing of Eylea Pre-filled Syringes	24
34	SOP-00793 Air Handling System Differential Pressure Check	9
35	SOP-00783 Gowning Cleanliness and Sanitary Practice of Personnel	19
36	Product PPE Room Heath and Risk Assessment	20

37	R17-223-01 Final Report for PQ for VHP Sterilizer	2
38	Final Report for the PQ of the VHP Sterilizer	43
39	Dupont Reference Guide for Medical Packaging	44
40	PPQ Addendum Risk Statement	3
41	Regeneron Correction Plunger Stopper Study	2
42	PCI Correction Upgrade Piping	1
43	PR DN422935	5
44	Packaging Record Cortef CCFTK	135
45	Packaging Record Cortef CCFTK1	144
46	Packaging Record Cortef CCFTK2	126
47	Order of Materials for Finger Flange Unit Correction	1
48	MNT-02996-2023 Correction for Plunger Rod Shafts	1
49	Photographs of cleaned compressor area	7
50	Photographs of cleaned walk-in fridge	5
51	MNT-02993-2023 Repair to E2 Door	1
52	Picture of Timeline	1

ATTACHMENTS

1. Form FDA 482, Notice of Inspection, issued on 01/09/2023 to Ms. Metzinger, 3 pages
2. Form FDA 483, Inspectional Observations, 4 pages

Digitally signed by Christina K. Theodorou -S
Date: 2023.02.28 17:18:21 +01'00'

Christina K. Theodorou, Investigator, Lead Investigator
ORA/OPQO/Division I/Investigations Branch 2

Wayne E. Seifert -S
Digitally signed by Wayne E. Seifert -S
Date: 2023.02.28 10:50:41 -05'00'

Wayne Seifert, Investigator
CDER/OPQ/OPMA/DBM/Biotechnology Manufacturing Branch 1

Brandy N. Lepage -S
Digitally signed by Brandy N. Lepage -S
Date: 2023.02.28 09:11:13 -05'00'

Brandy N. LePage, Investigator
ORA/OPQO/Division I/Investigations Branch 2

Bingchen Du -S
Digitally signed by Bingchen Du -S
Date: 2023.02.28 11:15:56 -05'00'

Ben Du, Staff Fellow
CDER/OPQ/OPMA/DBM/ Biotechnology Manufacturing Branch 1

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Search Results for *Packaging Coordinators*

Showing 1 to 1 of 1 entry Show 50 entrie

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Registration Expiration Date
Packaging Coordinators, LLC	1000522077	078525133	LABEL; PACK; REPACK; STERILIZE	3001 Red Lion Rd, Philadelphia, Pennsylvania (PA) 19114, United States (USA)	12/31/2025

Previous 1 Next

Data Current Through: Thursday, May 15, 2025

New Search

pci
PHARMA SERVICES

LIST OF OFFICERS & OWNER FOR PCI

Name of Company Owner: Packaging Coordinators, Inc.
Percentage Owned: 100%
FEIN: 61-1683822
State of Incorporation: Delaware
Address: 3001 Red Lion Rd., Philadelphia PA 19114
Phone Number: 215.613.3600
Website Address: www.pci.com

Full Name: Salim Haffar
Title/Position: Chief Executive Officer
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Full Name: Jeannie Metzinger
Title/Position: Chief Quality and Compliance Officer
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Business Address: 3001 Red Lion Rd., Philadelphia PA 19114
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Full Name: Brad Payne
Title/Position: Chief Operating Officer
Phone Number: [redacted]
Business Address: 3001 Red Lion Rd., Philadelphia PA 19114
Email Address: Brad.Payne@pci.com

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PACKAGING COORDINATORS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JUNE, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PACKAGING COORDINATORS, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. J. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

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Authentication: 203944305

Date: 06-13-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

Certificate of Licensure

Certificate No. 8000002826
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
2525 North 7th Street
SUITE 210D
HARRISBURG, PA 17110
(717) 787-4779

Category:

Wholesaler/Distributor

PACKAGING COORDINATORS, LLC
3001 RED LION ROAD
PHILADELPHIA, PA 19114

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: July 12, 2016
Expiration Date: The Last Day of July, 2025

Jeanne Parisi
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0428842	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-18-2025

PACKAGING COORDINATORS, LLC
3001 RED LION RD
PHILADELPHIA, PA 191141123

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0428842	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-18-2025

PACKAGING COORDINATORS, LLC
3001 RED LION RD
PHILADELPHIA, PA 191141123

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RC0428842	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-18-2025

PACKAGING COORDINATORS, LLC
3001 RED LION RD
PHILADELPHIA, PA 191141123

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/19/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Central, Inc.
Philadelphia PA Office
100 North 18th Street
15th Floor
Philadelphia PA 19103 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Federal Insurance Company	20281
INSURER B:	Illinois Union Insurance Company	27960
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Packaging Coordinators, Inc.
3001 Red Lion Road
Philadelphia PA 19114 USA

COVERAGES **CERTIFICATE NUMBER:** 570106526722 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			36055286	06/19/2024	06/19/2025	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$1,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	Excluded
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
A	X UMBRELLA LIAB X OCCUR			79837169	06/19/2024	06/19/2025	EACH OCCURRENCE	$15,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$15,000,000
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A						E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
B	Products Liability			G71151864007 Claims Made SIR applies per policy terms & conditions	06/19/2024	06/19/2025	Each Occurrence	$10,000,000
							Aggregate Limit	$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER

Packaging Coordinators and Subsidiaries
3001 Red Lion Road
Philadelphia PA 19114 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central, Inc.

Holder Identifier :

Certificate No : 570106526722

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 2339435

Application/License No. _____

PACKAGING COORDINATORS, INC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
3001 Red Lion Road Philadelphia, PA 19114, as
Address of Applicant/Principal
PRINCIPAL, and SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION, a
Surety Company
corporation organized under the laws of the state of MO
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1200 Main Street Suite 800 Kansas City, MO 64105-2478 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 16, 2024.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 18th day of October, 2024.

APPLICANT/PRINCIPAL
PACKAGING COORDINATORS, INC.

COMPANY

Authorized Representative

SURETY
SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION

Surety Company's Representative

Anne Potter, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Jacob Neerenberg

Witness

SIGNED and SEALED in the presence of:

Witness Valorie Spates

Witness Sandra Diaz

Countersigned by:

Nevada Resident Agent N/A

Posted February 20, 2020

SWISS RE CORPORATE SOLUTIONS

SS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION ("SRCSAIC")
ISS RE CORPORATE SOLUTIONS PREMIER INSURANCE CORPORATION ("SRCSPIC")
/ESTPORT INSURANCE CORPORATION ("WIC")

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT SRCSAIC, a corporation duly organized and existing under laws of the State of Missouri, and having its principal office in the City of Kansas City, Missouri, and SRCSPIC, a corporation organized and existing under the laws of the State of Missouri and having its principal office in the City of Kansas City, Missouri, and WIC, organized under the laws of the State of Missouri, and having its principal office in the City of Kansas City, Missouri, each does hereby make, constitute and appoint:

SANDRA DIAZ, DEBRA A. DEMING, PETER HEALY, JENNIFER JAKAITIS, SUSAN A. WELSH, ANNE POTTER, FRANCESCA KAZMIERCZAK, FRANCES RODRIGUEZ, BEVERLY A. WOOLFORD, VALORIE SPATES, AKLIMA NOORHASSAN, PABLO GARCIA HORCAJO and VILMA GONZALEZ

JOINTLY OR SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

ONE HUNDRED TWENTY FIVE MILLION ($125,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both SRCSAIC and SRCSPIC at meetings duly called and held on the 18th of November 2021 and WIC by written consent of its Executive Committee dated July 18, 2011.

"RESOLVED, that any two of the President, any Managing Director, any Senior Vice President, any Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is, authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Corporation bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Corporation; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Corporation may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Corporation when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."

SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION CORPORATE SEAL 1973 MISSOURI

SWISS RE CORPORATE SOLUTIONS PREMIER INSURANCE CORPORATION CORPORATE SEAL MISSOURI

By _____
Erik Janssens, Senior Vice President of SRCSAIC & Senior Vice President of SRCSPIC & Senior Vice President of WIC

By _____
Gerald Jagrowski, Vice President of SRCSAIC & Vice President of SRCSPIC & Vice President of WIC

WESTPORT INSURANCE CORPORATION CORPORATE SEAL MISSOURI

IN WITNESS WHEREOF, SRCSAIC, SRCSPIC, and WIC have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers

this 29TH day of MARCH, 20 24

State of Illinois
County of Cook SS

Swiss Re Corporate Solutions America Insurance Corporation
Swiss Re Corporate Solutions Premier Insurance Corporation
Westport Insurance Corporation

On this 29TH day of MARCH, 20 24, before me, a Notary Public personally appeared Erik Janssens, Senior Vice President of SRCSAIC and Senior Vice President of SRCSPIC and Senior Vice President of WIC and Gerald Jagrowski, Vice President of SRCSAIC and Vice President of SPCSPIC and Vice President of WIC, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.

OFFICIAL SEAL
CHRISTINA MANISCO
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires March 28, 2026

Christina Manisco
Christina Manisco, Notary

I, Jeffrey Goldberg, the duly elected Senior Vice President and Assistant Secretary of SRCSAIC and SRCSPIC and WIC, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said SRCSAIC and SRCSPIC and WIC, which is still in full force and effect IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 18th day of October, 20 24.

Jeffrey Goldberg, Senior Vice President & Assistant Secretary of SRCSAIC and SRCSPIC and WIC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Packaging Coordinators, LLC dba PCI Pharma Services

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 3001 Red Lion Road

City: Philadelphia State: PA Zip: 19114

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 215-284-8661 Website: www.pci.com

Licensing Company Email: catherine.cabrera@pci.com

Section 2: Personal Information

First: Catherine Middle: Last: Cabrera

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]

City: Philadelphia State: PA Zip: [redacted]

Telephone: 215-284-8661 Email: catherine.cabrera@pci.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Carribbean University		1997-1999	
Address	**City**	**State**	**Zip**
Carretera 167 Km 21.2	Bayamón	PR	00960
Diploma/Degree obtained, if any			
Biology Curriculum			

School Name		From - To (MM/YY – MM/YY)	
Corps Barranquitas		1993 - 1997	
Address	**City**	**State**	**Zip**
5MWW+JVV	Barranquitas	PR	00794
Diploma/Degree obtained, if any			
Secretary			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2002 - Present	[redacted]	Philadelphia	PA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Packaging Coordinators, LLC			2002 - Present
Business Address	**City**	**State**	**Zip**
3001 Red Lion Road	Philadelphia	PA	19114
Phone	**Title**		**Number of Employed Hours**
215-284-8661	Director of Quality Systems		45,000+ Hours
Description of Duties			
Responsible for: Internal Audits, Regulatory Audits, Customer Audits, monitoring DEA quotas. Oversight of: Supplier Management, Incoming quality assurance, complaints. Power of attorney for all regulatory registrations.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

C. Coen
Original Signature (electronic, copies or stamps not accepted)

03/11/25
Date

I, Catherine Cabrera, **certify that as the designated representative for**

Packaging Coordinators, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CC I am at least 21 years of age;
3. CC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Catherine Cabrera

Print Name (First, Last)

C. Cabrera

Original Signature (electronic, copies or stamps not accepted)

03/11/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Catherine Cabrera

Print Name (First, Last)

C. Cab — 03/11/25

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of PA, ss. County of Montgomery

I, Catherine Cabrera, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

C. Cab — 03/11/25

Original Signature — **Date**

Subscribed and Sworn to before me this 11 day of March 2025

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
JESSICA M. WELDON, Notary Public
Montgomery County
My Commission Expires November 2, 2028
Commission Number 1384791

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Packaging Coordinators, LLC dba PCI Pharma Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 3001 Red Lion Road

City: Philadelphia State: PA Zip: 19114

Mailing Address (if different from physical address): Same as above.

City: _____ State: _____ Zip: _____

Telephone: 215-284-8661 Website: www.pci.com

Licensing Company Email: compliance.PCIPharma@gmail.com

Section 2: Personal Information

First: Catherine Middle: _____ Last: Cabrera

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]

City: Philadelphia State: PA Zip: [redacted]

Telephone: 215-284-8661 Email: catherine.cabrera@pci.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Carribbean University		1997-1999	
Address	**City**	**State**	**Zip**
Carretera 167 Km 21.2	Bayamón	PR	00960
Diploma/Degree obtained, if any			
Biology Curriculum			

School Name		From - To (MM/YY – MM/YY)	
Corps Barranquitas		1993 - 1997	
Address	**City**	**State**	**Zip**
5MWW+JVV	Barranquitas	PR	00794
Diploma/Degree obtained, if any			
Secretary			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2002 - Present	[redacted]	Philadelphia	PA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Packaging Coordinators, LLC			2002-Present
Business Address	**City**	**State**	**Zip**
3001 Red Lion Road	Philadelphia	PA	19114
Phone	**Title**		
215-284-8661	Director of Quality Systems		

Description of Duties

Responsible for: Internal Audits, Regulatory Audits, Customer Audits, monitoring DEA quotas. Oversight of: Supplier Management, Incoming quality assurance, complaints. Power of attorney for all regulatory registrations.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

C. C.
Original Signature (electronic, copies or stamps not accepted)

03/11/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Catherine Cabrera

Print Name (First, Last)

C. Cabrera — 03/11/25

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, Catherine Cabrera, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

C. Cabrera — 03/11/25

Original Signature — **Date**

Subscribed and Sworn to before me this 11 day of March 2025

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
JESSICA M. WELDON, Notary Public
Montgomery County
My Commission Expires November 2, 2028
Commission Number 1384791

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Packaging Coordinators, LLC dba PCI Pharma Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 3001 Red Lion Road

City: Philadelphia State: PA Zip: 19114

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 215-613-3001 Website: www.pci.com

Licensing Company Email: compliance.PCIPharma@gmail.com

Section 2: Personal Information

First: Brad Middle: Last: Payne

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: ~~Bainbridge Island~~ Cape Coral State: ~~WA~~ FL Zip: ~~98110~~ [redacted]

Telephone: [redacted] Email: brad.payne@pci.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: University of Washington			From - To (MM/YY – MM/YY): 09/82 – 06/86	
Address: 3781 Okanogan Ln. NE.	City: Seattle		State: WA	Zip: 98105
Diploma/Degree obtained, if any: BS Chem Eng				
School Name: Shoreline H.S.			From - To (MM/YY – MM/YY): 09/78 – 06/82	
Address: 18560 1st Ave NE	City: Shoreline		State: WA	Zip: 98155
Diploma/Degree obtained, if any: H.S. Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/21 – 04/24	[redacted]	Bainbridge Island	WA	[redacted]
04/24 – 02/25		Cape Coral	FL	
02/25 – Present		Cape Coral	FL	
01/18 – 04/19		Philadelphia	PA	
04/19 – 01/21		Philadelphia	PA	
06/13 – 01/18		Nyon, Switzerland VD		
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Packaging Coordinators, Inc.	01/18 - Present

Business Address	City	State	Zip
3001 Red Lion Road	Philadelphia	PA	19114

Phone	Title
815-484-8900	Chief Operating Officer

Description of Duties: Chief Operating Officer, oversee 16 plants

Business Name	From - To (MM/YY – MM/YY)
Becton Dickinson	01/13 - 01/18

Business Address	City	State	Zip
Park-A4, Sárl Terre Bonne Rt de Crassier	Eysins, Switzerland	VD	1262

Phone	Title
+41 21 556 30 00	SVP Operations

Description of Duties: Oversaw operations for Global drug delivery business.

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

March 31, 2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brad Payne

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

March 31, 2025

Date

Please have this section completed in the presence of a Notary Public.

State of Pa, ss. County of Montgomery

I, Brad Payne, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/31/25

Date

Subscribed and Sworn to before me this 31 day of March, 2025

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
JESSICA M. WELDON, Notary Public
Montgomery County
My Commission Expires November 2, 2028
Commission Number 1384791

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Packaging Coordinators, LLC dba PCI Pharma Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 3001 Red Lion Road

City: Philadelphia State: PA Zip: 19114

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 215-613-3001 Website: www.pci.com

Licensing Company Email: compliance.PCIPharma@gmail.com

Section 2: Personal Information

First: Jeannie Middle: Lynne Last: Metzinger

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]

City: Hudson State: MA Zip: [redacted]

Telephon[redacted] Email: jeannie.metzinger@pci.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Bishop McDevitt High School		9/71 - 6/75	
Address	City	State	Zip
125 Royal Ave	Wynecote	PA	19095
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Holy Family University		9/75 - 5/79	
Address	City	State	Zip
9801 Frankford Ave	Phila	PA	19114
Diploma/Degree obtained, if any			
BS Biology			

School Name		From - To (MM/YY – MM/YY)	
Temple University		5/2005 - 12/2007	
Address	City	State	Zip
1801 N Broad St	Phila	PA	19122
Diploma/Degree obtained, if any			
MS Regulatory Affairs			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2022 - Now	[redacted]	Hudson	MA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Packaging Coordinators, Inc.				From - To (MM/YY – MM/YY):
Business Address: 3001 Red Lion Road		City: Philadelphia	State: PA	Zip: 19114
Phone: 815-484-8900	Title: Chief Quality and Compliance Officer			
Description of Duties: Responsible for quality assurance and quality control for all PCI				

Business Name: MERCK PHARMACEUTICALS				From - To (MM/YY – MM/YY): 7/2009 – 11/2012
Business Address: SUMNEY TOWN PIKE		City: WEST POINT	State: PA	Zip: 19486
Phone:	Title: Director Quality QMS			
Description of Duties: Responsible for implementing and maintaining Quality Systems for the site. This included all regulatory inspection				

Business Name: COLORCON				From - To (MM/YY – MM/YY): 7/1997 - 7/2008
Business Address: 420 MOYER BLVD		City: WEST POINT	State: PA	Zip: 19486
Phone: 215-699-7733	Title: DIRECTOR QA/QC NA			
Description of Duties: DIRECTOR QUALITY ASSURANCE AND QUALITY CONTROL NA - Responsible for Quality				

Business Name: Novartis (Rhone Poulenc Rorer)				From - To (MM/YY – MM/YY): 1984 – 7/~~20~~97
Business Address: 500 Virginia Drive		City: Ft Washington	State: PA	Zip: 19034
Phone: 215-628-6541	Title: Manager Quality			
Description of Duties: Responsible for all Quality Assurance and Quality Control for liquids and dermatological products				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			
Description of Duties:				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Jeannie F Metzinger

Original Signature (electronic, copies or stamps not accepted)

4 April 2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jeannie Metzinger

Print Name (First, Last)

Jeannie Metzinger

Original Signature (electronic, copies or stamps not accepted)

4 April 2025

Date

Please have this section completed in the presence of a Notary Public.

State of PA, ss. County of Montgomery

I, Jeannie Metzinger, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Jeannie Metzinger

Original Signature

April 4, 2025

Date

Subscribed and Sworn to before me this 4 day of April.

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
JESSICA M. WELDON, Notary Public
Montgomery County
My Commission Expires November 2, 2028
Commission Number 1384791

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Packaging Coordinators, LLC dba PCI Pharma Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 3001 Red Lion Road

City: Philadelphia State: PA Zip: 19114

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 215-613-3001 Website: www.pci.com

Licensing Company Email: compliance.PCIPharma@gmail.com

Section 2: Personal Information

First: Salim Middle: Last: Haffar

Alias(es, nicknames, name changes, etc.):

Date of Birt[redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address[redacted]

City: Manchester State: NH Zip [redacted]

Telephon[redacted] Email: salim.haffar@pci.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
McGill University		1992 - 1995	
Address	**City**	**State**	**Zip**
845 Sherbrooke Street west	Montreal	QC	H3A 0G4
Diploma/Degree obtained, if any			
Bachelor Chemical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
[redacted]	[redacted]	Manchester	NH	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Packaging Coordinators, Inc.			
Business Address	**City**	**State**	**Zip**
3001 Red Lion Road	Philadelphia	PA	19114
Phone	**Title**		
845-282-2636	CEO		
Description of Duties	Strategic planning, relationship building, market expansion, oversees product innovation.		

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

3/20/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Salim Haffar

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/20/25

Date

Please have this section completed in the presence of a Notary Public.

State of PA, ss. County of Montgomery

I, Salim Haffar, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/20/25

Date

Subscribed and Sworn to before me this 20 day of March 2025

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
JESSICA M. WELDON, Notary Public
Montgomery County
My Commission Expires November 2, 2028
Commission Number 1384791

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/18/2023)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Packaging Coordinators, LLC dba PCI Pharma Services

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 3001 Red Lion Road

City: Philadelphia State: PA Zip: 19114

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 215-613-3001 Website: www.pci.com

Licensing Company Email: compliance.PCIPharma@gmail.com

Section 2: Personal Information

First: Tom Middle: Wim Frans Last: De Weerdt

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: St Petersburg State: FL Zip: [redacted]

Telephone: [redacted] Email: tom.deweerdt@pci.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	[redacted]	City St. Petersburg	State FL	[redacted]
From - To (MM/YY – MM/YY)		City St. Petersburg FL	State FL	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Packaging Coordinators, Inc.			
Business Address	**City**	**State**	**Zip**
3001 Red Lion Road	Philadelphia	PA	19114
Phone	**Title**		
815-484-8900	Chief Financial Officer		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

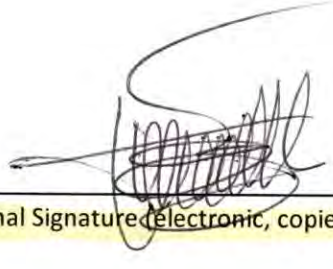
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A



Original Signature (electronic, copies or stamps not accepted)

April 9, 2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tom Wim Frans De Weerdt

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

April 9, 2025

Date

Please have this section completed in the presence of a Notary Public.

State of Pa, ss. County of Montgomery

I, Tom Wim Frans De Weerdt, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

April 9, 2025

Date

Subscribed and Sworn to before me this 9 day of April 2025

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
JESSICA M. WELDON, Notary Public
Montgomery County
My Commission Expires November 2, 2028
Commission Number 1384791

(Seal)

Full Legal Name
Aaliyah Joiner
Abdniel Francisco De Jesus Diaz
Abel Erazo
ABHISHEK PATEL
Abilio Goncalves
Abner Torruellas
Adam Dabkowski
Adam Santiago
Adelina S Paez Parejo
Adolphus Wesley
Agnes Baldwin
Ahmen Cleveland
Ahmet Gungor
Ahmir Rainford
Aida Vega
Ailla Bishop
Aiman Batool
Airin Choudhury
Ajmal Roshan Puthanpurayil Shamsuddin
Akiera McEachin
Akilah Keesee
Alain Louis
Albert Morris
Aleksandros Alaterezoglu
Alex George
Alex Kraus
Alex Mungo
ALEX ROSSOLOV
Alexander Jefferson
Alexander Morrow
Alexander Pappy
Alexander Perez

Alexander Smith
Alexandria Cintron
Alexandria R. Unchis
Alexandria Ziegler
Alexis Burton
Alexis P. Colomy
Aleyamma Varughese
Ali Zeineddine
Alicia Carranco
Alik Zhurbich
Alim Hussein
Alisha Lee
Allen Navilliat
Alvoree Wallace
Alysha Hayes
Alyssa Renee Hampton
Amanda Diaz
Amanda Lokayi
Amarilys Echevarria
Amaya Cintron
Amber Ellis
Amina Noory
Amisha Patel
Ammar Rangunwala
Amy Ing
Amy Schillig
Amya Miller
Amylie Iglesias
Ana Lora
Ana Milagros Echevarria
Ananka Rojas
Andre M. Mosley
Andre Vaughan

Andrea Davis
Andrea Scott
Andres Reyes
Andrew Alexandrou II
Andrew Brenner
Andrew Colomy-Wright
Andrew Jenkins
Andrew Puchalski Jr.
Andrew Turzanski
Andrey Lapin
Anecita Huber
Angel Arias
Angel Fuentes
Angel Lopez Jr.
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Angela Dam
Angela Dyer
Angela Nicolette Tillman
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Anil Stephen
Anissa Montanez
Anita Bangura
Aniya Burroughs
Anna L. Gray
Anna Torres
Annamaria Berger
Annamma Varghese
Annette Parks
Anthonia Adeyeye
Anthony Anderson
Anthony Green

Anthony Rue
Anthony Watkins
Antoinette Ervin
Antoinette Tyree
Antwoine Hunter
Anup Varghese
Anwar M. Levere
April West
Ariel Jaquez
Arif Chariwala
Arman Rowshan
Arnitha Barnes
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Ashley Ortiz
Asiyah Saud
Audrey Sell
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Benjamin Kim
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Binika Hada
Bonita Morales

Brandy Kugler
Brea Jacobs
Brenda Derolf
Brenden Jackson
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Caitlin Rose Mastropietro
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Camille Simpson-Pryce
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Carmen Rodriguez
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Chandrikaben Brahmbhatt
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Chanyia Kirkland
Charlene Darrah
Charles Harris
Chenelle Stokes
Cherisse Russell
Cheryl D Wimberly-Perry
Cheryl Russell
Chester Venable Jr
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Christian Matos
Christina Giles
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Christopher Harrison
Christopher Jackson
Christopher Kline
Christopher Lentz
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Christopher Selden
Christopher Steigerwalt
Cindy Figueroa
Claire Crawford
Clarence McCorkle
Claude Clark
Claudette Bernadel
Claudia Jervas
Cleveland Matthews
Cleveland Pickett
Cody Miller
Cody Saez
Colette Destin
Colleen Schmid
Connor Derolf
Constance M. Koerner
Coraly Melendez
Corbin Bradshaw
Corey Dailey
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Courtney Cahill
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Cristopher Santiago Cabrera
Cyesha Burton
Cynthia Evans

Cynthia Lavorgna
Cynthia Trang
Cynthia Wells
Daemon Maguire
Dafna Karikari
Dagnela Meneus
Daiquan Haynesworth
Dalice Amore Carter
Dallas Salley
Damaris De Jesus
Damaris Rivera
Damien Pedrosa
Danessa Lopez
DANIEL RODRIGUEZ
Daniel Smith
Dante Orlando
Daren Burton Jr
Darlene Rodriguez
Darnell Grandy
Darnell Taylor
Darryl Stukes
Davena MCkenzie
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David Miller
David Pabon
David Yeow
Deborah Booker
Deborah Duerstock
Deborah Howell

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Debra Sherrick
Deepa Kochukaleeckal Philemon
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Delilah Lebron
DeLisa Hool
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Demetrius Porter
Demetrius Sutton
Denise Brach
Denise Garay
Denise Holmes
Denise Smith
Dennis Cliggett
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Destiny Bell
Destiny Savage
Dewey Wakefield
Dezmand Davis
Diana Vegerano-Rodriguez
Diane Stoner
Dief Remonnette
Dieufait Morisset
Diocko Gandega
Dion Cottingham
Divya Tripathi
Dmitri Murray
Dolly Gladson

Dominiq Bass
Dominique Johnson
Donald Bowers
Donald Cliggett
Donald Rookstool
Donna Connor
Donna McCauley
Donna Sterling
Donnell Jackson
Dontae Dawson
Dontae Wilson
Dorian Douglass
Dorothy Harmon
Dwayne Divers
dwayne forman
Dweep Dey
Eboni Killing
Ebony Byrd
Edalys Maria Duran
Edgardo Albandoz
Ediberto Gonzalez-Portalatin
Edieca Perez
Edward B Rehl
Edward Coffin
Edward Kaye
Edward Szczepankiewicz
Edwige Chery
Edwin A. Bushey
Edwin Nicholas
Edwin Ortiz Mendez
Edwin Rafael Rosario
Efran Junior Maldonado JR Jr.
Efran Maldonado

Egbert Gordon
Eileen Echevarria
Elaine Jewell
Elaine Smith
Elaine Stirling
Eleasim Maisonet
Eleonora Rytsar
Elijah Munoz
Elizabeth Carcano
Elizabeth Colon
Elizabeth Crummy
Elizabeth Suarez
Ellis Gibbs
Elma Chowdhury
Elvira Roci
Elwood Dennis
Emely Santana Diaz
Emilson Mazile
Emmanuel Okendu
Entela Bileri
Erianna Marie Padua
Eric Bass
Eric Boafo
Eric Lilly
Eric Martin
Eric Silver-Folk
Erica Gabel
Erich Pollinger
Ertha Cineus Narcisse
Eseeta Reme Hossain
Esther Olmo
Ethewaldo Cribas Diaz
Eugene Groves

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Fakia Leake
Fanny Early
Farah Joseph
Farah Samuel
Farida Aly
Farida Barkas
Farran Haynes
Fatiha Berdaoui
Felicia Bynes
Felicia Kennard
Felix Melendez
Fernando Massillon
Fnu Sanju Sunny
Francis Schleinkofer
Franky Aponte
Freddie Gomez
Freddy Joy Joseph
Fuat Hyseneshi
Gabriel Figueroa
Gabrille Cunningham
Gail Wildonger
Gardy Eliser
Garry Teagle
Gelane Pratts
Genesis Burgos
George Garbrah
George Philip
George Thomas
George V George
Geyonna Jones

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Giovanna Barbato
Giovanni Delhomme
Giovanny Mejias
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Grazyna Krengiel
Gregory Vutera
Guilherme De Faria Eisinger
Gulshan Toirjonova
Gulyara Karimova
Gwendolyn Williams
Haider Khan
Hannibal Collick
Harry Philizaire
Hassan Khan
Hazel Missimer
Hazera Munira
Heinrich Rost
Hendry Dominguez
Henrietta Fraley
Hilda Aviles
Hina Ishaq Khan
Holly Summers
Honesto I Nunez III
Hugo Colin Charles Pochart
Huy Ngo
Iang My
Ida Tender
Ikea Murray
Imran Khan
Irene Matthew
Irene Miriam George
Iris Bautista

Iris Gonzalez
Iris Roman
Isabel Gutenberger
Isabella Giordano
Isiah Golson
Israel Lugo
Isys Alexia Reese
IVAN OTAMAS
Ivan Valentin
Ivette Lopez
Ivette Mandes Gallardo
Ivy Smith
Iysis Holly
Jack Hastings
Jacob Seamon
Jacqueline Cupp
Jacqueline Faulcon - Harris
Jacqueline Reese
Jacqueline Schonewolf
Jahziar Johnson
Jakhi Hilton
Jala Williams
Jalen Graves-Lawimore
Jamaal Ford
Jamal Talukder
JAMAR WASHINGTON
Jamarr Jefferson
Jamel Harvey
James Affleck
James Edessaril
James Hurley
James Jacobs
James Jamison

James Johnson
James M Clark
James Montague
James Mooney
James Nuttall
James Reingruber
James Sanderlin
James Semler
James W. Miller
JAMES WEBB
Jameson Augustin
Jamie Burton
Jamie McGlone
Jamilka Rivera
Jamison Bullock
Janessa Washington
Janine Mayhew
Jaquan James
Jarred Spencer
Jarvis Lynch
Jasen Carroll
Jasmin Vasquez
Jasmine Bryant
Jasmine Williams
Jason Garcia
Jason Kuhns
Jason Lewis
Jason Piccone
Javier Celeste
Javonne Wilkinson
Jayda Mullins
Jayme Hopkins Allison
Jazmin Parrilla

Jean Augustin
Jean Elie Ostagne
Jean Gerald Similien
Jean-Michael Bowler
Jeffrey Charles Noak
Jeffrey Greate
Jeffrey L Schlesinger
Jeffrey Ming Tan
Jeffrey Rein
Jeffrey Wright
Jeiser Rodriguez
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JENELLE R HOLLOMAN
Jenneh Wawood
Jennifer Aviles
Jennifer Bovack
Jennifer Carrion
Jennifer Celeste
Jennifer Dagnall
Jennifer Do
Jennifer Giacinto
Jennirose Graboskie
Jenny Garcia
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Jeremy Bennett
Jeremy Norwood
Jermaine Tillman
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Jesenia Camacho
Jesse Cartagena
Jessica Achecar
Jessica B Wolfenden

Jessica Dejesus
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Jessie Pascual
Jettleen Carter
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Joann Natchez
Joanna Philemon
Joanna Rosado
Joanne Valentine
Jobin Thomas
Joel Garcia
Joel Hartmann
Joel Mirabal
Joel Sutherlan
Johanna Maysonet-Hernandez
John Bates
John Bracey
John Davila
JOHN DOMINGUEZ
John Helverson
John Parankamoottil Mathew
John Redfain
John Stride
John Viaud
Johna Little
JOHNATHAN GLOVER
Johnathan Nowacki
JOHNNY HUA
Johnny Torres
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Jonathan Hill
Jonathan Mayanan

Jonathan Napper
Jordan Dyer
Jordan Lewis
Jordan Mormello
Jordan Stockage
Jorge Ivan Luciano Garcia
Jorge Vicent
Jorge Vicent
Jose K John
Jose Ortiz
Jose Soto
Jose Thomas
Jose Torres
JOSELINE MORALES
Joseph Annan
Joseph Badillo
Joseph Bisirri
Joseph Clark
Joseph Fedorowycz
Joseph Floody
Joseph Hettinger
Joseph Schnell
Joshua Jackson
Joshua Searle
Joshua Simmons
Joshua Subramani
Journn'i Flamer
Joy Browning
Juan Bonilla
Juana Gonzalez
Juanita Berry
Julia Bahamonde
Julian Cora

Juliet Vicent
Julio Ceasar Ferrer Mendez
Justin Michael Kravchuck
Justin Perez
Justin T Pollino
Kaday Mansaray
Kahri Haynesworth
Kaleb Llovet
Kalin Parham
Kalu Azuma
Kamaar Briggs
Kamari Reaves
Kameesha Reid
Kareem Edwards
Karen Hall
Karen Ryan
Kathleen Kafel
Katrena Bethel
Katrina Armstrong
Katrina Campbell
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Kelli Zajdel
Kendal Morris
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Kenneth Kenneth Brown Sr.
Kenneth Ray
Kera Cathel
Kerolos Akraz
Kerry Harper
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Khalif Barrett
Khalil Gibson
Khayree Elliot
Kian Kinchloe
Kiana Simone Spratley
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Kimberly Michele Wiggins
Kimberly Wiggins
Kimetha Reese
Kofi Ampofo
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Lanlie America
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Lauren Michelle Robinson
Laurie Cooper
Laverne Summers
Leena Thomas
Lemoryd Holmes
Leonora Garcia Wright
Leroy Hawkins
Leslie P. Langley
Liam Slavin
Libin Mathew Abraham
Libu Varghese
Lileana Cruz
Linda Candelaria
Linda Scull
Lisa Ann Sponheimer
Lisa Harley
Lisa Kiple
Lisa Martin
Lisa Scrimenti
Lisandra Gonzalez
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Luis Galvan
Luis Rosario
Luke Growney

Luqman Abram
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Mahmad S Tai
Makir Henry
Malaejah Sample
Maleina Morales
Malik Young
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Manasa Jaymon
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Margaret Dooley
Margaret Huynh
Margareth Coriolan
Margaretta Carrecter
Maria Alarcon
Maria E Roberts
Maria Nunez
Maribel Cribas
Maribel Torres
Marie Claire Daphnee Casseus
Marie Rosenie Elysee Jeune
Marie Yobouet

Mariely Manan
Mario Victor Parlapiano
Mario Ward
Marion Banks
Marisol Torres
Maritza Lopez
Mark Jackson
Mark Kiple
Mark Ligato
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Markeeta Price
Marlee Wuchter
Marlene Rijo
Marlisa Thomas
Marlon Bennett
Marquetta Woodlyn
Marquis McGill
Marsela Dosti
Martin Jakos
Marveenlee Pierre
Marvin Parker
Mary Curichiyil
Mary E Hendry
Mary Ortiz
Mary Sol Ramos
Maryam Hamza
Marzuwq Shamsid-Deen
Masiah Hurst
Massiel Cruz
Mastila Dosti
Mathew Kuttielavumkal
MATI ULLAH
Matthew Eroh

Matthew Gavenda
Matthew Glisson
matthew hanson
Matthew McDermott
Matthew Merriweather
Matthew Mullen
Matthew Sweet
Maurice Harmon
Maurice Hockaday
Maurice Miller
Maymary Huynh
md rahman
Md Sadequr Rahman
MD Shohidul Islam
Megan Monahan
Meghan Lacey Gallagher
Mehwish Shadab
Melanie Walker
Melisa Gunawan
Melissa Haynes
Melissa Montanez
Melody Achille
Melody Joiner
Melvin Anthony Maldonado Jr.
Mercy Mathew
Merida Colon
Michael Bradby
Michael Brennan
Michael Cheung
Michael Devanney
Michael Galinsky
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Michael Jacobs
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Michael Luke
Michael Menaldi
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Michael Santiago
Michael Smith
Michael Thomas Trainor
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Michael Wood
Michelle Carrington
Michelle Perez
Michelle Pressley
Migdalia Rivera
Miguel A. Burgos
Miguel Rodriguez
Mihaela Tilica
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Minerva Cardona
Mobisha Monachan
Mohamed Bangura
Mohammad Shah Imran
Mohammed Al-Bataineh
Mohammed Ali
Monica Rios
Monique Diane Phelps
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Moussasrey Christian Bamba
Mr. Binu Thankachan
Mr. Enrique Ricardo Rodriguez
Mr. Marchello Kiheem Hancock
Mr. Rokeysh Jerell Lyde

Mr. Stanford Hill
Ms. Renette Mahotiere
Muggett Rivera
Mugguett Diaz
Muhammed Chariwala
Mukesh Mahida
Myeesha Walker
Myrnaliza Pierce
Mysha Maria
NADEEM IBRAHIM
Nadir Bryant
Nahid Akhtar
Nancy Arabinick
Nancy Dorr
Nancy Gonzalez
Nancy Hoffman
Nancy Sanchez
Naomi Crompton
Nashel Nazario Velez
Nashi Fussell-Smith
Nasir Sutton
Natalie Oberholtzer
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Pierre Ossoide Elysee
Pierre Similien
Praise Abraham
Prathish Kurian Abraham
Princemessiah Alexander
Quadir Fleming
Quaron Jainlett
Quincetta Moore
Rachel Zellars
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Remona Spence
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Rexhina Struga
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Robert Cristinziani
Robert Edelmann
Robert Groves
Robert Henry
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Robert Michael Groves
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Robert Viall
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Rock Eben Ezer Laguerre
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Shahiyd Da'ood Tilghman Bullock
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Shirley Green
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Shmill Northan
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Stephanie M. Burroughs
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Stephen Walker
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Steven Daniels
Steven Gambrell
Steven Grullon
Steven Nicholson
Stivanson Tailor
Sudha Jose
Sunitha Mary Rays
Sunny Abraham
susan George
Susan Tobin
Susan Yannuzzi
Suzanne Gallagher

Sybil Jacob
Syed Ali
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Taira Saunders
Tajaii Mason
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Tamia Burton
Tammy Gallinger
Tanajia Johnson
Tania Guerra
Tanimur Chowdhury
Tara Goncalves
Taras Scott
Taryn Jackson
Taslima Akter Rima
Tatyanna Washington
Tavis Wills
Tawanda Ware
Tawanna Clark
Taylor Hammond
Tealia Brown
Tejinder Singh
Terence Jefferys
Terrance Watson
Terrence McBride
Thaely Enid Montijo Rosado
Theresa Bailey
Theresa Barbardo
Thomas Alexander
Thomas Cliggett
Thomas Fasano
Thomas Mathew
Thomas Monefeldt

Tiaesha Randolph
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Tiffaney W Quiles
Tiffany Logan
Tiffany Scott
Tigi Thomas
Tijo Parappully
Tim Jaison
Timisha Smith-Rafi
Timothy Martin
Timothy Thagnabouth
Todd O'Neal
Tohura Buyah
Toni Micciolo
Tonya Yao
Travis Cliggett
Tristyn Baumgartner
Trocon Kai
Troy Culver
Trung Trinh
Tucker Rinne
Twanda Jefferson
Twomelay Harding
Tyqua Murray
Tyree Payne
Tyren Booker
Umesh Patel
Urszula Pellegrino
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Valerie Ertell
Vanessa Carroll
Vanessa Ravenell

Varghese Littu
Varinder Dhaliwal
Varughese E Thevervelil
Vaughn Ricchini
Vickie Marshall
Victor Fernandez
Victor Manuel Pagan Jr.
Victoria Donadel
Victoria Miller
Victoria Nguyen
Vincent Manochio
Vincent Shaw
Vionnette Cruz
Vital CHATELIER
Vivian White Sardo
Walter Helm
Wayne Cooper
Wendy Dozier
Wilfredo Rivera
William Briggs
William Grogan
WILLIAM JOHNSON
William Joyce
William Kinton
William Prawl
William Proctor
WILLIAM RHIM
Xavier Rivera
Yamisley Colon
Yana Gonzalez
Yesenia Barada
Yi Xing Chen
Yimly Fong Diaz

Yin Leon Chan
Yolanda Hannah Maria Spruill
Yolinda Reyes
Yoly Rodriguez
Yonatan Celeste
Yudy Bernard
Yugkumar Patel
Yvette Rice
Zachary Galloway
Zachary Kane
Zachary M Derolf
Zakia LeVere
ZAKIA TAHIR
Zamear Ashrafali
Zayaini Dennis
Zoila Osorio Navarro
Zuri Parks
Zyhir Chandler

12B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only) * If making a change, provide current license number: WH 01206	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Patterson Logistics Services, Inc.

Physical Address: 800 Monte Vista Drive

City: Dinuba State: CA Zip: 93618

Mailing Address (if different from physical address): 1031 Mendota Heights Road Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 559-595-1450 Website: www.pattersoncompanies.com

Name of Designated Representative (DR): Larry Murillo

Licensing Company Email: facilitylicensing@pattersoncompa DR Email: larry.murillo@pattersonvet.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Class I/II Medical Devices	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: universities/res.facilities		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01.22.2024		SC	Blythewood	Richland
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		District of South Carolina on behalf of Drug Enforcement Agency		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Patterson Logistics Services, Inc.				

Provide explanation below:

On January 22, 2024, Patterson Logistics Services, Inc. ("PLSI") entered into a Settlement Agreement with the United States Attorney's Office for the District of South Carolina ("DOJ"), acting on behalf of the Drug Enforcement Administration ("DEA"), in which PLSI agreed to pay a fine of $45,500 with no associated admission of liability or guilt by PLSI. The allegations of the DEA are related primarily to certain record-keeping and reporting violations of the Controlled Substance Act. The DOJ and the DEA were satisfied with Patterson's corrective action measures, such that the matter was settled with no associated Memorandum of Understanding or ongoing reporting requirement for PLSI.

Original Signature (electronic, copies or stamps not accepted)

5/6/25
Date

SETTLEMENT AGREEMENT

This Settlement Agreement ("Agreement") is made and entered into by and between the United States of America, acting through the United States Attorney's Office for the District of South Carolina, on behalf of the Drug Enforcement Administration ("DEA") (collectively, the "United States"), and Patterson Logistic Services Inc. ("Patterson") (together, "the Parties").

RECITALS

Patterson is currently registered with DEA Certificate of Registration #RP0349224 as a distributor authorized to handle controlled substances on Schedules II-V at its registered location, 925 Carolina Pines Boulevard, Suite B, Blythewood, South Carolina 29016 (the "Blythewood FC").

At all times relevant to this Agreement, Patterson was required to operate in accordance with the statutory provisions of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. §§ 801-904, and the regulations promulgated thereunder, 21 C.F.R. Part 1300, *et seq.* (collectively "the CSA.")

Between January 31, 2023, and February 2, 2023, the DEA conducted an inspection at Blythewood FC. As a result of the inspection, the United States contends Patterson violated civil provisions of the CSA. Specifically, the United States contends that from January 31, 2021 through February 2, 2023, in regard to operations at Blythewood FC, Patterson violated certain suspicious order requirements, reporting requirements to ARCOS and order form and recordkeeping requirements pursuant to the CSA, specifically Title 21 Parts 1301, 1304, and 1305 of the CFR.

The conduct identified above at the Blythewood FC shall hereinafter be referred to as "Covered Conduct" and the identified time frame shall be referred to as "Covered Time Period."

The parties agree that this Agreement is not an admission of liability by Patterson, its

employees, or its agents for the Covered Conduct under the CSA nor a concession by the United States that its claims are not well-founded.

To avoid the uncertainty and expense of the adjudication of each claim, and of exhausting all administrative and legal remedies, the Parties desire to reach a mutual agreement that settles the above-referenced allegations without the United States filing a civil suit.

STIPULATIONS

In consideration of the foregoing and the mutual promises and obligations contained in this Agreement, the Parties agree and covenant as follows:

1. Patterson shall pay $45,500 (the "Settlement Amount") to the United States no later than 10 business days after counsel for Patterson receives the written electronic funds transfer instructions by the United States Attorney for the District of South Carolina.

2. By signing this Settlement Agreement, Patterson agrees to waive all rights to seek judicial review or to challenge or contest the validity of any terms or conditions of this Settlement Agreement.

3. Subject to the exceptions in Paragraph 5 (concerning excluded claims) below, and conditioned upon Patterson's full payment of the Settlement Amount under this Agreement, the United States agrees to refrain from filing against Patterson any action for civil penalty claims under the CSA that is based on the Covered Conduct. In further consideration of Patterson's fulfillment of its obligations under this Agreement, expressly conditioned upon Patterson's timely paying the Settlement Amount and subject to the exceptions in Paragraph 5 (concerning excluded claims), below, the United States fully and finally releases Patterson and its parent, affiliates, insurers, agents, assigns, successors, predecessors, shareholders, principals, current and former employees,

management, officers, and directors from any civil or administrative claims the United States has, could have, or may assert in the future related to the Covered Conduct during the Covered Time Period.

4. Patterson fully and finally releases the United States, its agencies, officers, employees, servants, and agents from any claims (including without limitation attorney's fees, costs, and expenses of every kind and however denominated) that Patterson has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, employees, and servants, and agents related to the Covered Conduct and the United States' investigation and prosecution thereof.

5. Notwithstanding the release given in Paragraph 3 of this Settlement Agreement, or any other terms of this Agreement, the following claims of the United States are specifically reserved and not released:

a. Any liability arising under Title 26 of the United States Code;

b. Any criminal liability;

c. Any liability under the False Claims Act, 31 U.S.C. § 3729, or the Program Fraud Civil Remedies Act, 31 U.S.C. §§ 3801-3812;

d. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct;

e. Except as explicitly stated in this Agreement, any administrative liability, including the suspension and debarment rights of any federal agency;

f. Any liability based upon obligations created by this Agreement; and

g. Any liability of individuals except as expressly stated in Paragraph 3 of this Agreement.

6. Nothing in this Agreement shall prevent, preclude, limit, or prejudice the right of the United States to enforce the CSA by commencing a civil or administrative action against Patterson

for violations of the CSA unrelated to the violations identified in the audit conducted between January 31, 2023 and February 2, 2023. Nothing in this Agreement, however, waives or limits Patterson's right or ability to raise any defenses to such an action.

7. The obligations imposed upon the United States and Patterson pursuant to this Agreement are in addition to, and not in derogation of, all requirements imposed upon each party pursuant to all applicable federal, state, and local laws and regulations, including, but not limited to the requirements in the CSA and its implementing regulations.

8. Nothing in this Agreement constitutes an agreement by the United States concerning the characterization of the Settlement Amount for purposes of the Internal Revenue Laws, Title 26 of the United States Code.

9. The Parties agree that any and all costs they have, will, or may incur, in connection with this matter—including payment of the Settlement Amount under this Agreement, attorneys' fees, costs of investigation, negotiation, past and future compliance efforts, and remedial action—shall be unallowable costs (as defined in the Federal Acquisition Regulation, 48 C.F.R. § 31.205-47; and in Titles XVII and IXI of the Social Security Act, 42 U.S.C. §§ 1395-1395lll and 1396-1396w-5; and the regulations and official program directives promulgated thereunder) for government contracting accounting and for purposes of any government reimbursement program.

10. This Agreement is intended to be for the benefit of the Parties only. It does not provide any rights or benefits to third parties. The Parties do not release any claims against any other person or entity except as provided in Paragraph 15.

11. This Settlement Agreement may not be changed, altered, or modified except in writing signed by the parties hereto.

12. The Parties agree to bear their own respective costs and fees (including without

limitation attorneys' fees) incurred in connection with this matter, including those incurred in the preparation and performance of this Agreement.

13. The Parties acknowledge their promises in this Agreement are provided in exchange or valuable consideration provided by and through this Agreement.

14. The Parties consent to the United States' disclosure of this Agreement and information about this Agreement to the public.

15. This Settlement Agreement shall be binding upon and inure to the benefit of the assigns, successors-in-interest, or transferees of the Parties.

16. Each of the signatories to this Settlement Agreement represents and warrants that it/he/she has the full power and authority to enter into this Settlement Agreement on behalf of the person and entities indicated below, and further represents that it/he/she freely and voluntarily enters into this Agreement without any degree of duress or compulsion. Facsimiles of signatures and electronic transmissions of signatures (including transmittal and receipt of PDF versions of signatures) shall constitute acceptable, binding signatures for purposes of this Agreement.

17. The Settlement Agreement shall be final once signed by all parties below and shall be effective on the date the last signature is obtained. The Agreement may be executed in counterparts, each of which constitutes an original and all of which constitutes one and the same agreement.

18. This Settlement Agreement constitutes the complete agreement between the Parties with respect to the settlement of the United States' civil and administrative CSA claims against Patterson on the Covered Conduct from the Covered Time.

19. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to the Agreement is the United States District Court for the District of South Carolina.

20. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

On behalf of Patterson Logistic Services Inc.

K. Reddy
Kirti Vaidya Reddy, Esq.
Quarles & Brady
(202) 372-9606
Kirti.Reddy@Quarles.com

January 18, 2024
Date

On behalf of the United States of America

ADAIR F. BOROUGHS
United States Attorney District of South Carolina

Beth Drake
Assistant United States Attorney

1/22/24
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis US LLC
Address: 10 Sylvan Way City: Parsippany State: NJ Zip: 07054

Name: ADEC
Address: 2601 Crestview Drive City: Newberg State: OR Zip: 97132

Name: Solventum US LLC
Address: 2510 Conway Ave E Ste 75-6W City: Maplewood State: MN Zip: 55144

Name: Ivoclar North America Inc.
Address: 175 Pineview Drive City: Amherst State: NY Zip: 14228

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Minnesota
Parent Company (if any): Patterson Dental Supply, Inc.
Corporation/Organization Name: Patterson Logistics Services, Inc.
Mailing Address: 1031 Mendota Heights Road
City: Saint Paul State: MN Zip: 55120
Telephone: 651.686.1957 Email: facilitylicensing@pattersoncompanies.com
Contact Person Name: Kelley Karau

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Patterson Logistics Services, Inc.

Facility Name

Leslie B. Korsh

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/6/25

Date

Board Use Only	Date Received: 5/15/25	Amount: $1000.00

NABP ACCREDITED
DRUG DISTRIBUTOR

Patterson Logistics Services, Inc

located at

800 Monte Vista Dr, Dinuba, CA 93618

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

04/09/2024 - 04/08/2027
Period of Accreditation

PATTERSON

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Parent Company:	Patterson Dental Supply, Inc.
Address:	1031 Mendota Heights Road Saint Paul, MN 55120
Ownership:	100%
FEIN:	41-1833619

PATTERSON LOGISTICS SERVICES, INC. – Officer List

Corporate address:	1031 Mendota Heights Road St. Paul, MN 55120
Phone Number:	651-686-1600
FEIN:	20-4404128
State of Incorporation:	Minnesota - #1737876-2 (3/1/2006)

Robert Rajalingam	**Chief Executive Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Kevin Barry	**Chief Financial Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Leslie Korsh	**Corporate Secretary**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Effective 10/13/2022

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Patterson Logistics Services, Inc.
Date Filed:	03/01/2006
File Number:	1737876-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota
This certificate has been issued on:	12/16/2024

Steve Simon
Secretary of State
State of Minnesota

CALIFORNIA STATE BOARD OF PHARMACY
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3100

Renewal License

Third-Party Logistics Provider

License No. TPL 1084
Receipt No. 00193504

Valid Until: 10/1/2025

PATTERSON LOGISTICS SERVICES INC
800 MONTE VISTA DR
DINUBA, CA 93618-9117

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Third-Party Logistics Provider License.

This license is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer(s) shareholder (more than 10 percent share change), manager, or responsible manager.

This permit is valid only at the address shown.

The official status of this license can be verified at www.pharmacy.ca.gov

---- NON-TRANSFERABLE ----- POST IN PUBLIC VIEW -----

FORM WPHTPL (09/30/19) TPL

CALIC100.RENWALR.07232024.61528.SEQID511

PATTERSON LOGISTICS SERVICES INC
800 MONTE VISTA DR
DINUBA, CA 93618-9117 511

BOARD OF PHARMACY
2720 GATEWAY OAKS DR, SUITE 100
SACRAMENTO, CA 95833

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0372855	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
800 MONTE VISTA DRIVE
DINUBA, CA 93618

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0372855	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
800 MONTE VISTA DRIVE
DINUBA, CA 93618

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0372855	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
800 MONTE VISTA DRIVE
DINUBA, CA 93618

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/04/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC
333 South 7th Street, Suite 1400
Minneapolis, MN 55402-2400

CONTACT NAME: Marsh | U.S. Operations & Technology
PHONE (A/C, No, Ext): 866-966-4664 **FAX (A/C, No):** 212-948-5382
E-MAIL ADDRESS: Minneapolis.CertRequest@marsh.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Starr Indemnity & Liability Company	38318
INSURER B : Starr Specialty Insurance Company	16109
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Patterson Companies, Inc.
and its subsidiaries and affiliates
1031 Mendota Heights Road
St. Paul, MN 55120

COVERAGES **CERTIFICATE NUMBER:** CHI-010950096-01 **REVISION NUMBER:** 4

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			1000100137241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	0
							PERSONAL & ADV INJURY	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	10,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	4,000,000
	OTHER:							$	
A	AUTOMOBILE LIABILITY			1000198195241 (AOS)	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$	3,000,000
A	X ANY AUTO			1000198196241 (MA)	11/01/2024	11/01/2025	BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
A	X UMBRELLA LIAB X OCCUR			1000589674241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	5,000,000
	DED X RETENTION $ 25,000							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			100 0005556 (AOS)	11/01/2024	11/01/2025	X PER STATUTE OTH-ER		
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N	N/A		100 0005558 (FL,MA)	11/01/2024	11/01/2025	E.L. EACH ACCIDENT	$	1,000,000
B	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			100 0005559 (WI)	11/01/2024	11/01/2025	E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
B	Workers Compensation			100 0005557 (AK,AZ,CT,IA,NJ,NY,NC,TX,VT)	11/01/2024	11/01/2025	Limits		See Above

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence only

CERTIFICATE HOLDER
Patterson Companies, Inc.
1031 Mendota Heights Road
St. Paul, MN 55120

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Marsh USA LLC

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NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. KO8188865

Application/License No. _____

Patterson Logistics Services, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 800 Monte Vista Drive, Dinuba, CA 93618 (Address of Applicant/Principal), as PRINCIPAL, and Westchester Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1601 Chestnut Street, Philadelphia, PA 19101 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 29, 2008 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal

may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 29th day of September, 20 08.

APPLICANT/PRINCIPAL
Patterson Logistics Services, Inc.

Authorized Representative

SURETY COMPANY
Westchester Fire Insurance Company

Surety Company's Representative

Cynthia L. Hanak, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Countersigned for Nevada By
Marsh USA, Inc.
Michele Robertson, Resident Agent

NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. KO8188865

Application/License No. _____

Patterson Logistics Services, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
800 Monte Vista Drive, Dinuba, CA 93618, as
(Address of Applicant/Principal)
PRINCIPAL, and Westchester Fire Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of New York
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1601 Chestnut Street, Philadelphia, PA 19101 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 29, 2008.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal

ACKNOWLEDGMENT BY SURETY

STATE OF Missouri }
County of St. Charles } ss.

On this 29th day of September, 2008, before me personally appeared Cynthia L. Hanak, known to me to be the Attorney-in-Fact of Westchester Fire Insurance Company, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

Debra C. Schneider

Debra C. Schneider
Notary Public in the State of Missouri
County of St. Charles

My Commission Expires: November 5, 2011

(Seal)

DEBRA C. SCHNEIDER
Notary Public/Notary Seal
State of Missouri
St. Charles County
COMMISSION #07419088
My Commission Expires: 11/05/2011

S-0230/GEEF 2/98

Power of Attorney

324011

WESTCHESTER FIRE INSURANCE COMPANY

1261428

Know all men by these presents: That **WESTCHESTER FIRE INSURANCE COMPANY**, a corporation of the State of New York, having its principal office in the City of Atlanta, Georgia, pursuant to the following Resolution, adopted by the Board of Directors of the said Company on December 11, 2006, to wit:

"RESOLVED, that the following authorizations relate to the execution for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested.

FURTHER RESOLVED, that the Resolution of the Board of Directors of the Company adopted at the meeting held on November 8, 1999 relating to the authorization of certain persons to execute, for and on behalf of the Company, Written Commitments and appointments and delegations, is hereby rescinded."

Does hereby nominate, constitute and appoint PAMELA A. BEELMAN, HEIDI A. NOTHEISEN, CYNTHIA L. HANAK, DEBRA C. SCHNEIDER, JOANN R. FRANK, KAREN L. ROIDER and SANDRA L. HAM all of the City of Saint Louis, State of Missouri, each individually if there be more than one named, its true and lawful attorney-in-fact, to make, execute, seal and deliver on its behalf, and as its act and deed any and all bonds, undertakings, recognizances, contracts and other writings in the nature thereof in penalties not exceeding Twenty Million Dollars ($20,000,000) and the execution of such writings in pursuance of these presents shall be as binding upon said Company, as fully and amply as if they had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office.

IN WITNESS WHEREOF, the said Stephen M. Haney, Vice-President, has hereunto subscribed his name and affixed the corporate seal of the said **WESTCHESTER FIRE INSURANCE COMPANY** this 30th day of May 2008.

WESTCHESTER FIRE INSURANCE COMPANY

Stephen M. Haney, Vice President

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF PHILADELPHIA ss.

On this 30th day of May, A.D. 2008, before me, a Notary Public of the Commonwealth of Pennsylvania in and for the County of Philadelphia came Stephen M. Haney, Vice-President of the **WESTCHESTER FIRE INSURANCE COMPANY** to me personally known to be the individual and officer who executed the preceding instrument, and he acknowledged that he executed the same, and that the seal affixed to the preceding instrument is the corporate seal of said Company; that the said corporate seal and his signature were duly affixed by the authority and direction of the said corporation, and that Resolution, adopted by the Board of Directors of said Company, referred to in the preceding instrument, is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Philadelphia the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
KAREN E. BRANDT, Notary Public
City of Philadelphia, Phila. County
My Commission Expires September 26, 2010

Notary Public

I, the undersigned Assistant Secretary of **WESTCHESTER FIRE INSURANCE COMPANY**, do hereby certify that the original POWER OF ATTORNEY, of which the foregoing is a substantially true and correct copy, is in full force and effect.

In witness whereof, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of the Corporation, this 29th day of September 2008.

William L. Kelly, Assistant Secretary

THIS POWER OF ATTORNEY MAY NOT BE USED TO EXECUTE ANY BOND WITH AN INCEPTION DATE AFTER May 30, 2010.

THE BACK OF THIS DOCUMENT LISTS VARIOUS SECURITY FEATURES THAT WILL PROTECT AGAINST COPY COUNTERFEIT AND ALTERATION.

SURETY RIDER

To be attached to and form a part of

Bond No. KO8188865

dated effective September 29, 2008
(MONTH-DAY-YEAR)

executed by Patterson Logistics Services, Inc. , as Principal,
(PRINCIPAL)

and by Westchester Fire Insurance Company , as Surety,

in favor of Nevada State Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

The Bond Amount from:

One Hundred Thousand & 00/100 ($100,000.00)

To:

Twenty-Five Thousand & 00/100 ($25,000.00)

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective February 27, 2025
(MONTH-DAY-YEAR)

Signed and Sealed February 27, 2025
(MONTH-DAY-YEAR)

Patterson Logistics Services, Inc.
(PRINCIPAL)

By: _____
(PRINCIPAL)

Westchester Fire Insurance Company
(SURETY)

By: Cynthia L. Choren
Cynthia L. Choren, Attorney-in-Fact
NV Non-Resident License No. 221080

WESTCHESTER FIRE INSURANCE COMPANY

S-0443/GEEF 10/99

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint

Cynthia L. Choren

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **19th** day of **July, 2024.**

Rupert HD Swindells, Assistant Secretary

Warren Eichhorn, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **19th** day of **July, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22,2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this February 27, 2025

Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903- 3493 Fax (908) 903- 3656 e-mail: surety@chubb.com

CHUBB

SURETY BOND CORPORATE SEAL NOTICE AND ADDENDUM

In an effort to facilitate the use of our respective corporate seals during the COVID-19 pandemic, WESTCHESTER FIRE INSURANCE COMPANY ("WESTCHESTER FIRE") has authorized its respective Attorneys-in-Fact to affix WESTCHESTER FIRE'S corporate seal to any surety bond executed on behalf of WESTCHESTER FIRE by any such Attorney-in-Fact by attaching this Notice and Addendum to said bond.

To the extent this Notice and Addendum is attached to a surety bond that is executed on behalf of WESTCHESTER FIRE by its Attorney-in-Fact, WESTCHESTER FIRE hereby agrees that the corporate seal below for WESTCHESTER FIRE shall be deemed affixed to said bond to the same extent as if its raised corporate seal was physically affixed to the face of the bond.

Dated this 30th day of March, 2020.

WESTCHESTER FIRE INSURANCE COMPANY

By: _____

Stephen M. Haney, Vice President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Patterson Logistics Services, Inc. MDEG License # (if applicable): _____

Physical Address: 800 Monte Vista Drive

City: Dinuba State: CA Zip: 93618

Mailing Address (if different from physical address): 1031 Mendota Heights Road, Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 615-686-1957 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Larry Middle: _____ Last: Murillo

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Dinuba State: CA Zip: [redacted]

Telephone: [redacted] Email: larry.murillo@pattersonvet.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	**Yes**	**No**
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	**Yes**	**No**
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
California State University, Fresno		2003-2005	
Address	**City**	**State**	**Zip**
5241 N Maple Ave	Fresno	CA	93740
Diploma/Degree obtained, if any			
Bachelor of Science in Business Administration with Emphasis in Organizational Leadership Management			

School Name		From - To (MM/YY – MM/YY)	
Reedley College		2000-2003	
Address	**City**	**State**	**Zip**
995 N. Reed Ave	Reedley	CA93654	
Diploma/Degree obtained, if any			
Associate of Science in General Business and Associate of Arts in General Studies			

School Name		From - To (MM/YY – MM/YY)	
Dinuba High School			
Address	**City**	**State**	**Zip**
340 E Kern Street	Dinuba	CA	93618
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/21 - present	[redacted]	Dinuba	CA	[redacted]
07/21 - 09/21		Dinuba	CA	
09/09 -07/21		Dinuba	CA	

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			05/09 - present	
Business Address		**City**	**State**	**Zip**
800 Monte Vista Drive		Dinuba	CA	93618
Phone	**Title**		**Number of Employed Hours**	
559-595-1450	Operations Manager		6000+	
Description of Duties				
Lead and direct all operations. Ensure compliance and adherence to state and federal regulations regarding the receipt, storage, inventory, and shipping of prescription drugs, including controlled substances.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/23/2025
Date

I, Larry Murillo, **certify that as the MDEG Administrator for**

Patterson Logistics Services, Inc.,

that I (initial that you have read and meet the following requirements):

1. LM Have a high school diploma or its equivalent;
2. LM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. LM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. LM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Larry Murillo
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/23/2025
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Patterson Logistics Services, Inc.

Pharmacy/Wholesaler License # (if applicable): WH01206

Physical Address: 800 Monte Vista Drive

City: Dinuba State: CA Zip: 93618

Mailing Address (if different from physical address): 1031 Mendota Heights Road Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 651.686.1957 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Larry Middle: Last: Murillo

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Dinuba State: CA Zip: [redacted]

Telephone: [redacted] Email: larry.murillo@pattersonvet.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
California State University, Fresno			2003-2005
Address	**City**	**State**	**Zip**
5241 N. Maple Ave	Fresno	CA	93740
Diploma/Degree obtained, if any			
Bachelor of Science in Business Administration with Emphasis in Organizational Leadership Management			

School Name			From - To (MM/YY – MM/YY)
Reedley College			2000-2003
Address	**City**	**State**	**Zip**
995 N. Reed Ave	Reedley	CA	93654
Diploma/Degree obtained, if any			
Associate of Science in General Business and Associate of Arts in General Studies			

School Name			From - To (MM/YY – MM/YY)
Dinuba High School			
Address	**City**	**State**	**Zip**
340 E Kern Street	Dinuba	CA	93618
Diploma/Degree obtained, if any			
Diploma			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/21 - present	[redacted]	Dinuba	CA	[redacted]
07/21 - 09/21		Dinuba	CA	
09/09 - 07/21		Dinuba	CA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			05/09 - present	
Business Address		**City**	**State**	**Zip**
800 Monte Vista Drive		Dinuba	CA	93618
Phone	**Title**		**Number of Employed Hours**	
559-595-1450	Operations Manager		6000+	
Description of Duties				
Lead and direct all operations. Ensure compliance and adherence to state and federal regulations regarding the receipt, storage, inventory, and shipping of prescription drugs, including controlled substances.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date 4/28/25

I, Larry Murillo, **certify that as the designated representative for**

Patterson Logistics Services, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ___ I am at least 21 years of age;
3. ___ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ___ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ___ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ___ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ___ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Larry Murillo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/28/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Larry Murillo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/28/25

Date

Please have this section completed in the presence of a Notary Public.

State of Califania, ss. County of Tulare

I, Larry Murillo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/28/25

Date

Subscribed and Sworn to before me this 28 day of April.

Notary Public Signature

NELDA GONZALEZ
Notary Public - California
Tulare County
Commission # 2408899
My Comm. Expires Jun 23, 2026

(Seal)

PATTERSON LOGISTICS

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Patterson Logistics Services, Inc. (PLSI) Dinuba, CA – Employee List

Employee Name
Magarin-Pascua, Merla
Lucatero, Gerardo
Monje Blanco, Cecilio
Garcia, Omar
Peregrina, Cristobal T
Ponce, Dalila
Gutierrez-Zarate, Floriberto
Valenzuela, Carlos
Murillo, Javier
Trinidad, Christine
Solorio, Rafael
Schutz, Paul D
Garcia, Maria Adriana
Elenes, Marco Antonio
Murillo, Larry
Urzua, Natalia
Nunez Gutierrez, Ernesto
Gaytan, Enoel
Martinez Lopez, Guadalupe
Gonzalez, Nelda E
Uyeg, Lemuel H
Pantoja, Diego Emilio
Romero, John
Tapia, Jimmy Alfred
Cazares Garcia, Jose A. Alexis
Banda, Paz
Aguilera, Martin
Pantoja Sanchez, Jose Jesus
Alvarez, Petra
Castillo, Rosemarie
Gecha Jr, Macario Calma
Gecha, Zenaida Ylagan
Avilez, Miguel A
Villasenor, Evelyn M
Cardosa, Raul
Flores Cruz, Ricardo
Orosco, Luis Miguel
Izaola-bravo, Javier
Estigoy, John Michael

Chavez, Matthew Jonah
Castillo, Steven C
Solorio, Joaquin
Marmolejo, Jorge Luis
Uribe, Richard O
Guzman, Elizabeth
Wilson, Kristopher
Saldana, Amalia
Velasquez, Claudia Patricia
Carrillo, Mariela
Ortiz Sahagun, Jose Ricardo
Gaona, Rodolfo
Flores, Julian Alexander
Villagomez, Alejandra
Sandoval, Angela Denise
Ortega, Rebecca
Salazar, Jasmine N
Corpus, Angela Berenice
Aguilera, Felipe D
Ortega, Carlos
Perez Ramos, Joel
Mejia Alva, Richard R
Pasillas, Gigi
Gaona Martinez, Vanessa
Fernandez, Joseph
Araujo, Evelyn
Fennell, Isaiah Thomas
Mandrell, Donald
Hicks, Greg
Gonzalez, Clarissa Cherie
Corpus, Iliana L
Perea, Maria L
Orozco, Lilia Lilia
Alejandro, Nicolas James
Hernandez, Maria Del Refugio
Zepeda, Jonathan
Torres, Yadira
Renteria, Juan Manuel
Vela, Jake
Luna, Carlos Armando
Carlos, Jeralyn L

Meza, Alejandra
Tostado, Fatima Loza
Reyna, Jose L
Aviles, Ernesto
Aguila, Vicky
Meraz, Eva Angelina
Diaz, Miguel
Cervantes, Salvador
Carlos, Imelda C
Diaz, Rogelio G
Armenta, Cynthia L
Uribe, Tina M
Aguirre, Cristina G
Segura, Rangel
Orosco, Jesusita Elena
Rios Lopez, Melissa Ann
Ramos, Ricardo
Ramirez, Maria M
Diaz, Miguel Alejandro
Hernandez, Maria
Rocha, Michael S
Salazar, Jose Luis
Ponce, Gabriela V
Romero, Esther M
Mendoza, Espectacion
Teso, Tommy
Hernandez, Billy
House, Kenneth
Robles, Ivan
Velasquez, Jeffrey
Viveros, Orlando
Manzo, Sylvia
Cruz, Julian
Chavez, Yulisa
Garcia, Maria del Carmen
Maldonado Lopez, Destiny
Flores Duran, Claudia Guadalupe
Santos, Covina
Madrigal, Alejandro
Carrillo Godina, Joseline
Rodriguez, Samantha
Arreguin, Eric
Davila, Christian
Virgen, Beatriz

Garcia Vera, Mireya
Pureco Cortez, Christian
Juarez, Jesus
Pineiro, Yazmin
Sanchez, Eduardo
Galban Flores, Raymond
Gutierrez, Claudia
Martinez, Alejandro
Figueroa Zamora, Brian
Orosco, Arturo
Piceno, Jose
Brenes Cerpa, Daniel
Martinez, Antonio
Rojas, Agustin
Galindo, Noe
Reynosa, Mario
Gutierrez, Miguel
Barajas, Anthony
Guerra, Alejandro
Velasquez, Fernando
Valdez, Alexander
Tejeda, Matthew
Villagomez, Jovanny
Mingming, Nellie
Sanchez Trujillo, Francisco
Arzate, Jennifer
Rodriguez, Alejandro
Morales, Daniel
Montes Martinez, Anthony
Coria, Jackeline
Moreno Carrillo, Eduardo
Martinez, Daisy
Hernandez, Juan
Gutierrez, Nathan
Garcia, Gilberto

12C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01221	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Patterson Logistics Services, Inc.

Physical Address: 1905 Lakewood Drive

City: Boone State: IA Zip: 50036

Mailing Address (if different from physical address): 1031 Mendota Heights Road Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 515-433-1700 Website: www.pattersoncompanies.com

Name of Designated Representative (DR): Jonathan Doss

Licensing Company Email: facilitylicensing@pattersoncompa DR Email: jon.doss@pattersondental.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Class I/II Medical Devices	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: universities/res.facilities		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01.22.2024		SC	Blythewood	Richland
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		District of South Carolina on behalf of Drug Enforcement Agency		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Patterson Logistics Services, Inc.				

Provide explanation below:

On January 22, 2024, Patterson Logistics Services, Inc. ("PLSI") entered into a Settlement Agreement with the United States Attorney's Office for the District of South Carolina ("DOJ"), acting on behalf of the Drug Enforcement Administration ("DEA"), in which PLSI agreed to pay a fine of $45,500 with no associated admission of liability or guilt by PLSI. The allegations of the DEA are related primarily to certain record-keeping and reporting violations of the Controlled Substance Act. The DOJ and the DEA were satisfied with Patterson's corrective action measures, such that the matter was settled with no associated Memorandum of Understanding or ongoing reporting requirement for PLSI.

Original Signature (electronic, copies or stamps not accepted)

Date

SETTLEMENT AGREEMENT

This Settlement Agreement ("Agreement") is made and entered into by and between the United States of America, acting through the United States Attorney's Office for the District of South Carolina, on behalf of the Drug Enforcement Administration ("DEA") (collectively, the "United States"), and Patterson Logistic Services Inc. ("Patterson") (together, "the Parties").

RECITALS

Patterson is currently registered with DEA Certificate of Registration #RP0349224 as a distributor authorized to handle controlled substances on Schedules II-V at its registered location, 925 Carolina Pines Boulevard, Suite B, Blythewood, South Carolina 29016 (the "Blythewood FC").

At all times relevant to this Agreement, Patterson was required to operate in accordance with the statutory provisions of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. §§ 801-904, and the regulations promulgated thereunder, 21 C.F.R. Part 1300, *et seq.* (collectively "the CSA.")

Between January 31, 2023, and February 2, 2023, the DEA conducted an inspection at Blythewood FC. As a result of the inspection, the United States contends Patterson violated civil provisions of the CSA. Specifically, the United States contends that from January 31, 2021 through February 2, 2023, in regard to operations at Blythewood FC, Patterson violated certain suspicious order requirements, reporting requirements to ARCOS and order form and recordkeeping requirements pursuant to the CSA, specifically Title 21 Parts 1301, 1304, and 1305 of the CFR.

The conduct identified above at the Blythewood FC shall hereinafter be referred to as "Covered Conduct" and the identified time frame shall be referred to as "Covered Time Period."

The parties agree that this Agreement is not an admission of liability by Patterson, its

employees, or its agents for the Covered Conduct under the CSA nor a concession by the United States that its claims are not well-founded.

To avoid the uncertainty and expense of the adjudication of each claim, and of exhausting all administrative and legal remedies, the Parties desire to reach a mutual agreement that settles the above-referenced allegations without the United States filing a civil suit.

STIPULATIONS

In consideration of the foregoing and the mutual promises and obligations contained in this Agreement, the Parties agree and covenant as follows:

1. Patterson shall pay $45,500 (the "Settlement Amount") to the United States no later than 10 business days after counsel for Patterson receives the written electronic funds transfer instructions by the United States Attorney for the District of South Carolina.

2. By signing this Settlement Agreement, Patterson agrees to waive all rights to seek judicial review or to challenge or contest the validity of any terms or conditions of this Settlement Agreement.

3. Subject to the exceptions in Paragraph 5 (concerning excluded claims) below, and conditioned upon Patterson's full payment of the Settlement Amount under this Agreement, the United States agrees to refrain from filing against Patterson any action for civil penalty claims under the CSA that is based on the Covered Conduct. In further consideration of Patterson's fulfillment of its obligations under this Agreement, expressly conditioned upon Patterson's timely paying the Settlement Amount and subject to the exceptions in Paragraph 5 (concerning excluded claims), below, the United States fully and finally releases Patterson and its parent, affiliates, insurers, agents, assigns, successors, predecessors, shareholders, principals, current and former employees,

management, officers, and directors from any civil or administrative claims the United States has, could have, or may assert in the future related to the Covered Conduct during the Covered Time Period.

4. Patterson fully and finally releases the United States, its agencies, officers, employees, servants, and agents from any claims (including without limitation attorney's fees, costs, and expenses of every kind and however denominated) that Patterson has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, employees, and servants, and agents related to the Covered Conduct and the United States' investigation and prosecution thereof.

5. Notwithstanding the release given in Paragraph 3 of this Settlement Agreement, or any other terms of this Agreement, the following claims of the United States are specifically reserved and not released:

a. Any liability arising under Title 26 of the United States Code;

b. Any criminal liability;

c. Any liability under the False Claims Act, 31 U.S.C. § 3729, or the Program Fraud Civil Remedies Act, 31 U.S.C. §§ 3801-3812;

d. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct;

e. Except as explicitly stated in this Agreement, any administrative liability, including the suspension and debarment rights of any federal agency;

f. Any liability based upon obligations created by this Agreement; and

g. Any liability of individuals except as expressly stated in Paragraph 3 of this Agreement.

6. Nothing in this Agreement shall prevent, preclude, limit, or prejudice the right of the United States to enforce the CSA by commencing a civil or administrative action against Patterson

for violations of the CSA unrelated to the violations identified in the audit conducted between January 31, 2023 and February 2, 2023. Nothing in this Agreement, however, waives or limits Patterson's right or ability to raise any defenses to such an action.

7. The obligations imposed upon the United States and Patterson pursuant to this Agreement are in addition to, and not in derogation of, all requirements imposed upon each party pursuant to all applicable federal, state, and local laws and regulations, including, but not limited to the requirements in the CSA and its implementing regulations.

8. Nothing in this Agreement constitutes an agreement by the United States concerning the characterization of the Settlement Amount for purposes of the Internal Revenue Laws, Title 26 of the United States Code.

9. The Parties agree that any and all costs they have, will, or may incur, in connection with this matter—including payment of the Settlement Amount under this Agreement, attorneys' fees, costs of investigation, negotiation, past and future compliance efforts, and remedial action—shall be unallowable costs (as defined in the Federal Acquisition Regulation, 48 C.F.R. § 31.205-47; and in Titles XVII and IXI of the Social Security Act, 42 U.S.C. §§ 1395-1395lll and 1396-1396w-5; and the regulations and official program directives promulgated thereunder) for government contracting accounting and for purposes of any government reimbursement program.

10. This Agreement is intended to be for the benefit of the Parties only. It does not provide any rights or benefits to third parties. The Parties do not release any claims against any other person or entity except as provided in Paragraph 15.

11. This Settlement Agreement may not be changed, altered, or modified except in writing signed by the parties hereto.

12. The Parties agree to bear their own respective costs and fees (including without

limitation attorneys' fees) incurred in connection with this matter, including those incurred in the preparation and performance of this Agreement.

13. The Parties acknowledge their promises in this Agreement are provided in exchange or valuable consideration provided by and through this Agreement.

14. The Parties consent to the United States' disclosure of this Agreement and information about this Agreement to the public.

15. This Settlement Agreement shall be binding upon and inure to the benefit of the assigns, successors-in-interest, or transferees of the Parties.

16. Each of the signatories to this Settlement Agreement represents and warrants that it/he/she has the full power and authority to enter into this Settlement Agreement on behalf of the person and entities indicated below, and further represents that it/he/she freely and voluntarily enters into this Agreement without any degree of duress or compulsion. Facsimiles of signatures and electronic transmissions of signatures (including transmittal and receipt of PDF versions of signatures) shall constitute acceptable, binding signatures for purposes of this Agreement.

17. The Settlement Agreement shall be final once signed by all parties below and shall be effective on the date the last signature is obtained. The Agreement may be executed in counterparts, each of which constitutes an original and all of which constitutes one and the same agreement.

18. This Settlement Agreement constitutes the complete agreement between the Parties with respect to the settlement of the United States' civil and administrative CSA claims against Patterson on the Covered Conduct from the Covered Time.

19. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to the Agreement is the United States District Court for the District of South Carolina.

20. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

On behalf of Patterson Logistic Services Inc.

K. Reddy
Kirti Vaidya Reddy, Esq.
Quarles & Brady
(202) 372-9606
Kirti.Reddy@Quarles.com

January 18, 2024
Date

On behalf of the United States of America

ADAIR F. BOROUGHS
United States Attorney District of South Carolina

Beth Drake
Assistant United States Attorney

1/22/24
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis US LLC
Address: 10 Sylvan Way City: Parsippany State: NJ Zip: 07054
Name: ADEC
Address: 2601 Crestview Drive City: Newberg State: OR Zip: 97132
Name: Solventum US LLC
Address: 2510 Conway Ave E Ste 75-6W City: Maplewood State: MN Zip: 55144
Name: Ivoclar North America Inc.
Address: 175 Pineview Drive City: Amherst State: NY Zip: 14228

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Minnesota
Parent Company (if any): Patterson Dental Supply, Inc.
Corporation/Organization Name: Patterson Logistics Services, Inc.
Mailing Address: 1031 Mendota Heights Road
City: Saint Paul State: MN Zip: 55120
Telephone: 651.686.1957 Email: facilitylicensing@pattersoncompanies.com
Contact Person Name: Kelley Karau

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Patterson Logistics Services, Inc.

Facility Name

Leslie B. Korsh

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date

Board Use Only	Date Received: 5/15/25	Amount: $1000

NABP ACCREDITED
DRUG DISTRIBUTOR

Patterson Logistics Services, Inc

located at

1905 Lakewood Drive, Boone, IA 50036

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

05/11/2024 - 05/10/2027
Period of Accreditation

PATTERSON

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Parent Company:	Patterson Dental Supply, Inc.
Address:	1031 Mendota Heights Road Saint Paul, MN 55120
Ownership:	100%
FEIN:	41-1833619

PATTERSON LOGISTICS SERVICES, INC. – Officer List

Corporate address:	1031 Mendota Heights Road St. Paul, MN 55120
Phone Number:	651-686-1600
FEIN:	20-4404128
State of Incorporation:	Minnesota - #1737876-2 (3/1/2006)

Robert Rajalingam	**Chief Executive Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Kevin Barry	**Chief Financial Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Leslie Korsh	**Corporate Secretary**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Effective 10/13/2022

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Patterson Logistics Services, Inc.
Date Filed:	03/01/2006
File Number:	1737876-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota
This certificate has been issued on:	12/16/2024

Steve Simon
Secretary of State
State of Minnesota

IOWA BOARD OF PHARMACY
6200 PARK AVENUE, SUITE 100
DES MOINES, IA 50321-1270
515/281-5944 FAX 515/281-4609
https://pharmacy.iowa.gov

2026

Third-Party Logistics Provider License No.80002

ISSUED 02/05/2025

EXPIRES 03/31/2026

LICENSE STATUS: Current/Active

MAILING ADDRESS
Patterson Logistics Services Inc
Attn: Regulatory Licensing
1031 Mendota Heights Rd
St Paul,MN 55120

LICENSED LOCATION
Patterson Logistics Services Inc
1905 Lakewood Dr
Boone, IA 50036

Facility Manager: Jonathan David Doss

IOWA BOARD OF PHARMACY
6200 PARK AVENUE, SUITE 100
DES MOINES, IA 50321-1270
515/281-5944 FAX 515/281-4609
https://pharmacy.iowa.gov

CSA 2027

CERTIFICATE OF REGISTRATION
IOWA CONTROLLED SUBSTANCES ACT

REGISTRATION NUMBER 2210301
DRUG SCHEDULES REGISTERED 33N45

REGISTRATION ISSUED 02/05/2025
REGISTRATION EXPIRES 03/31/2027
REGISTRATION STATUS: Current/Active

NAME, MAILING ADDRESS
Patterson Logistics Services Inc
Attn: Regulatory Licensing
1031 Mendota Heights Rd
St Paul MN 55120

NAME, REGISTERED LOCATION
Patterson Logistics Services Inc
1905 Lakewood Dr
Boone IA 50036

Distributor

COUNTY 8

Jonathan David Doss, Responsible Individual

DEA REGISTRATION NO. RP0380523

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0380523	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
1905 LAKEWOOD DRIVE
BOONE, IA 500367604

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0380523	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
1905 LAKEWOOD DRIVE
BOONE, IA 500367604

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0380523	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
1905 LAKEWOOD DRIVE
BOONE, IA 500367604

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC 333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400	**CONTACT NAME:** Marsh | U.S. Operations & Technology **PHONE (A/C, No, Ext):** 866-966-4664 **FAX (A/C, No):** 212-948-5382 **E-MAIL ADDRESS:** Minneapolis.CertRequest@marsh.com	
	INSURER(S) AFFORDING COVERAGE	**NAIC #**
	INSURER A : Starr Indemnity & Liability Company	38318
INSURED Patterson Companies, Inc. and its subsidiaries and affiliates 1031 Mendota Heights Road St. Paul, MN 55120	**INSURER B :** Starr Specialty Insurance Company	16109
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-010950096-01 **REVISION NUMBER:** 4

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			1000100137241	11/01/2024	11/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	2,000,000 1,000,000 0 2,000,000 10,000,000 4,000,000
A A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			1000198195241 (AOS) 1000198196241 (MA)	11/01/2024 11/01/2024	11/01/2025 11/01/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	3,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 25,000			1000589674241	11/01/2024	11/01/2025	EACH OCCURRENCE AGGREGATE	$ $	5,000,000 5,000,000
B B B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		100 0005556 (AOS) 100 0005558 (FL,MA) 100 0005559 (WI)	11/01/2024 11/01/2024 11/01/2024	11/01/2025 11/01/2025 11/01/2025	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
B	Workers Compensation			100 0005557 (AK,AZ,CT,IA,NJ,NY,NC,TX,VT)	11/01/2024	11/01/2025	Limits		See Above

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence only

CERTIFICATE HOLDER

Patterson Companies, Inc.
1031 Mendota Heights Road
St. Paul, MN 55120

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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The ACORD name and logo are registered marks of ACORD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. **K41888489**

Application/License No. _____

Patterson Logistics Services, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is **1905 Lakewood Drive, Boone, IA 50036** (Address of Applicant/Principal), as PRINCIPAL, and **Federal Insurance Company** (Surety Company), a corporation organized under the laws of the state of **Indiana** (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is **202B Halls Mill Road, Whitehouse Station, NJ 08889-3454** (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on **February 25, 2025** (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 25th day of February, 2025.

APPLICANT/PRINCIPAL
Patterson Logistics Services, Inc.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
Federal Insurance Company

Surety Company's Representative

Cynthia L. Choren, Attorney-in-fact
print name
NV Non-Resident License No. 221080

SIGNED and SEALED in the presence of:

Witness JoAnn R. Frank

Witness Brittany D. Stuckel

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint

Cynthia L. Choren

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **19th** day of **July, 2024.**

Rupert HD Swindells Assistant Secretary

Warren Eichhorn Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **19th** day of **July, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22,2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this February 25, 2025

Rupert HD Swindells Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903- 3493 Fax (908) 903- 3656 e-mail: surety@chubb.com

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Patterson Logistics Services, Inc. MDEG License # (if applicable): _____

Physical Address: 1905 Lakewood Drive

City: Boone State: IA Zip: 50036

Mailing Address (if different from physical address): 1031 Mendota Heights Road, Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 515-433-1700 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Jonathan Middle: David Last: Doss

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Boone State: IA Zip: [redacted]

Telephone: [redacted] Email: jon.doss@pattersoncompanies.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Des Moines Area Community College			
Address	City	State	Zip
1300 Des Moines	Des Moines	IA	50309
Diploma/Degree obtained, if any			
Associates Degree			

School Name		From - To (MM/YY – MM/YY)	
Madrid High School			
Address	City	State	Zip
8** N Kennedy Avenue	Madrid	IA	50156
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2008 - present	[redacted]	Boone	IA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.		08/2018 - present	
Business Address	**City**	**State**	**Zip**
1905 Lakewood Drive	Boone	IA	50036
Phone	**Title**	**Number of Employed Hours**	
515-433-1700	Operations Manager	6000+	
Description of Duties			
Lead and direct all operations. Ensure compliance and adherence to state and federal regulations regarding the receipt, storage, inventory, and shipping of prescription drugs, including controlled substances.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Jonathan Doss
Original Signature (electronic, copies or stamps not accepted)

5/27/25
Date

I, Jonathan Doss, **certify that as the MDEG Administrator for**

Patterson Logistics Services, Inc.,

that I (initial that you have read and meet the following requirements):

1. JD Have a high school diploma or its equivalent;
2. JD Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JD Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JD Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jonathan Doss
Print Name (First, Last)

Jonathan Doss
Original Signature (electronic, copies or stamps not accepted)

5/27/25
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Patterson Logistics Services, Inc.

Pharmacy/Wholesaler License # (if applicable): WH01221

Physical Address: 1905 Lakewood Drive

City: Boone State: IA Zip: 50036

Mailing Address (if different from physical address): 1031 Mendota Heights Road Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 515-433-1700 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Jonathan Middle: David Last: Doss

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]

City: Boone State: IA Zip: [redacted]

Telephon: [redacted] Email: jon.doss@pattersoncompanies.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Des Moines Area Community College			
Address	**City**	**State**	**Zip**
1300 Des Moines Street	Des Moines	IA	50309
Diploma/Degree obtained, if any			
Associates Degree			

School Name		From - To (MM/YY – MM/YY)	
Madrid High School			
Address	**City**	**State**	**Zip**
599 N Kennedy Avenue	Madrid	IA	50156
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/08-present	[redacted]	Boone	IA	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services Inc.			08/18-present	
Business Address		**City**	**State**	**Zip**
1905 Lakewood Drive		Boone	IA	50036
Phone	**Title**		**Number of Employed Hours**	
515-433-1700	Operations Manager		6000+	
Description of Duties				
Lead and direct all operations. Ensure compliance and adherence to state and federal regulations regarding the receipt, storage, inventory, and shipping of prescription drugs, including controlled substances.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Jonathan Doss
Original Signature (electronic, copies or stamps not accepted)

4/24/25
Date

I, Jonathan Doss, **certify that as the designated representative for**

Patterson Logistics Services, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JD I am at least 21 years of age;
3. JD I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JD I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JD I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JD I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JD I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jonathan Doss

Print Name (First, Last)

Jonathan Doss

Original Signature (electronic, copies or stamps not accepted)

4/24/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jonathan Doss

Print Name (First, Last)

Jonathan Doss

Original Signature (electronic, copies or stamps not accepted)

4/24/25

Date

Please have this section completed in the presence of a Notary Public.

State of Iowa, ss. County of Boone

I, Jonathan Doss, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Jonathan Doss

Original Signature

4/24/25

Date

Subscribed and Sworn to before me this 24 day of April.

Tina Marie Myers

Notary Public Signature

NOTARIAL SEAL IOWA

TINA MARIE MYERS
Commission Number 815823
My Commission Expires
March 15, 2028

(Seal)

PATTERSON LOGISTICS

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Patterson Logistics Services, Inc. (PLSI) Boone, IA – Employee List

Employee Name
Hiles, Cory
Treganza, Nathan M
Wickman, Christopher Thomas
Laughlin, Douglas
Elsner, Edwin Jacob
Morgan, Luke
Kimrey, Jackson Timothy
Doss, Jonathan
Titus, Sharon L
Swan, Jason Michael
Miller, Cody Allen
Myers, Tina M
Green, Ashley
Myers, Kaleb I
Burke, Cameron Mitchel
Haleen, Andrew
Jones, Angela
Hilsabeck, Hillary Rose Marie
Fitzpatrick, Michael D
Kluender, Karl Ronald
Irvine, Joshua Thomas
Myers, Laura Esther
Caskey, Jennifer
Smith, Marcie
Dasilva, Moises
Munson, Jamin
Clayton, Traci R
Wilkening, Colton E
Jensen, Chris M
Marks, Danny R
Knapp, Kaylin
Grimes, Jonah
Rhoades, Sandra Kay
Reynolds, Manuela Judy
Brogden, Kallie Maia
Thornton, Kerrigan Anne Clara
Crook, Tyler Lee
Lee, Jenny
Wingert, Scott Edward
Browning, Neyma Edith
Duncan, Shawn

Luzadder, Teresa Marie
Newbold, Brady
Ertz, Jennifer
Anderson, Michael
Outersky, Frank W
Good, Aaron Thompson
Erb, Douglas M
Peterson, Ryioko S
Rampton, Tyler
Kinnetz, Austin
Miller, Caldwell
Nation, Hilary
Witt, Timothy J
Wildt, Stephen
Tilley, Carrie Marie
Dotzler, Colby
Sloter, Caleb
Sloter, Isaac
Purscell, Mackenzie
Roberts, Ezra
Hodge, Adelfa
Crook, Jakob
Honkomp, Hunter
Boothroyd, Ty
Elsberry, Creeda
Wilkening, Halle
Rather, Deana
Gordon, Rowena
Davis, Jaelyn
Johnson, Kjersti
Hernandez, Jose
Jones, Coltin
Nardini, Nicole
Searcy, Cameron
Anderson, Bryce
Kahler, Brandon

12D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01483	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Patterson Logistics Services, Inc.

Physical Address: 925 Carolina Pines Blvd., Suite B

City: Blythewood State: SC Zip: 29016

Mailing Address (if different from physical address): 1031 Mendota Heights Rd. Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 803-691-2202 Website: www.pattersoncompanies.com

Name of Designated Representative (DR): Richard Easler

Licensing Company Email: facilitylicensing@pattersoncompa DR Email: richard.easler@pattersoncompanies.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Class I and Class II Medical Devices	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: universities/res.facilities		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01.22.2024		SC	Blythewood	Richland
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		District of South Carolina on behalf of Drug Enforcement Agency		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Patterson Logistics Services, Inc.				

Provide explanation below:

On January 22, 2024, Patterson Logistics Services, Inc. ("PLSI") entered into a Settlement Agreement with the United States Attorney's Office for the District of South Carolina ("DOJ"), acting on behalf of the Drug Enforcement Administration ("DEA"), in which PLSI agreed to pay a fine of $45,500 with no associated admission of liability or guilt by PLSI. The allegations of the DEA are related primarily to certain record-keeping and reporting violations of the Controlled Substance Act. The DOJ and the DEA were satisfied with Patterson's corrective action measures, such that the matter was settled with no associated Memorandum of Understanding or ongoing reporting requirement for PLSI.

Original Signature (electronic, copies or stamps not accepted)

5/14/2025
Date

SETTLEMENT AGREEMENT

This Settlement Agreement ("Agreement") is made and entered into by and between the United States of America, acting through the United States Attorney's Office for the District of South Carolina, on behalf of the Drug Enforcement Administration ("DEA") (collectively, the "United States"), and Patterson Logistic Services Inc. ("Patterson") (together, "the Parties").

RECITALS

Patterson is currently registered with DEA Certificate of Registration #RP0349224 as a distributor authorized to handle controlled substances on Schedules II-V at its registered location, 925 Carolina Pines Boulevard, Suite B, Blythewood, South Carolina 29016 (the "Blythewood FC").

At all times relevant to this Agreement, Patterson was required to operate in accordance with the statutory provisions of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. §§ 801-904, and the regulations promulgated thereunder, 21 C.F.R. Part 1300, *et seq.* (collectively "the CSA.")

Between January 31, 2023, and February 2, 2023, the DEA conducted an inspection at Blythewood FC. As a result of the inspection, the United States contends Patterson violated civil provisions of the CSA. Specifically, the United States contends that from January 31, 2021 through February 2, 2023, in regard to operations at Blythewood FC, Patterson violated certain suspicious order requirements, reporting requirements to ARCOS and order form and recordkeeping requirements pursuant to the CSA, specifically Title 21 Parts 1301, 1304, and 1305 of the CFR.

The conduct identified above at the Blythewood FC shall hereinafter be referred to as "Covered Conduct" and the identified time frame shall be referred to as "Covered Time Period."

The parties agree that this Agreement is not an admission of liability by Patterson, its

employees, or its agents for the Covered Conduct under the CSA nor a concession by the United States that its claims are not well-founded.

To avoid the uncertainty and expense of the adjudication of each claim, and of exhausting all administrative and legal remedies, the Parties desire to reach a mutual agreement that settles the above-referenced allegations without the United States filing a civil suit.

STIPULATIONS

In consideration of the foregoing and the mutual promises and obligations contained in this Agreement, the Parties agree and covenant as follows:

1. Patterson shall pay $45,500 (the "Settlement Amount") to the United States no later than 10 business days after counsel for Patterson receives the written electronic funds transfer instructions by the United States Attorney for the District of South Carolina.

2. By signing this Settlement Agreement, Patterson agrees to waive all rights to seek judicial review or to challenge or contest the validity of any terms or conditions of this Settlement Agreement.

3. Subject to the exceptions in Paragraph 5 (concerning excluded claims) below, and conditioned upon Patterson's full payment of the Settlement Amount under this Agreement, the United States agrees to refrain from filing against Patterson any action for civil penalty claims under the CSA that is based on the Covered Conduct. In further consideration of Patterson's fulfillment of its obligations under this Agreement, expressly conditioned upon Patterson's timely paying the Settlement Amount and subject to the exceptions in Paragraph 5 (concerning excluded claims), below, the United States fully and finally releases Patterson and its parent, affiliates, insurers, agents, assigns, successors, predecessors, shareholders, principals, current and former employees,

management, officers, and directors from any civil or administrative claims the United States has, could have, or may assert in the future related to the Covered Conduct during the Covered Time Period.

4. Patterson fully and finally releases the United States, its agencies, officers, employees, servants, and agents from any claims (including without limitation attorney's fees, costs, and expenses of every kind and however denominated) that Patterson has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, employees, and servants, and agents related to the Covered Conduct and the United States' investigation and prosecution thereof.

5. Notwithstanding the release given in Paragraph 3 of this Settlement Agreement, or any other terms of this Agreement, the following claims of the United States are specifically reserved and not released:

a. Any liability arising under Title 26 of the United States Code;

b. Any criminal liability;

c. Any liability under the False Claims Act, 31 U.S.C. § 3729, or the Program Fraud Civil Remedies Act, 31 U.S.C. §§ 3801-3812;

d. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct;

e. Except as explicitly stated in this Agreement, any administrative liability, including the suspension and debarment rights of any federal agency;

f. Any liability based upon obligations created by this Agreement; and

g. Any liability of individuals except as expressly stated in Paragraph 3 of this Agreement.

6. Nothing in this Agreement shall prevent, preclude, limit, or prejudice the right of the United States to enforce the CSA by commencing a civil or administrative action against Patterson

for violations of the CSA unrelated to the violations identified in the audit conducted between January 31, 2023 and February 2, 2023. Nothing in this Agreement, however, waives or limits Patterson's right or ability to raise any defenses to such an action.

7. The obligations imposed upon the United States and Patterson pursuant to this Agreement are in addition to, and not in derogation of, all requirements imposed upon each party pursuant to all applicable federal, state, and local laws and regulations, including, but not limited to the requirements in the CSA and its implementing regulations.

8. Nothing in this Agreement constitutes an agreement by the United States concerning the characterization of the Settlement Amount for purposes of the Internal Revenue Laws, Title 26 of the United States Code.

9. The Parties agree that any and all costs they have, will, or may incur, in connection with this matter—including payment of the Settlement Amount under this Agreement, attorneys' fees, costs of investigation, negotiation, past and future compliance efforts, and remedial action—shall be unallowable costs (as defined in the Federal Acquisition Regulation, 48 C.F.R. § 31.205-47; and in Titles XVII and IXI of the Social Security Act, 42 U.S.C. §§ 1395-1395lll and 1396-1396w-5; and the regulations and official program directives promulgated thereunder) for government contracting accounting and for purposes of any government reimbursement program.

10. This Agreement is intended to be for the benefit of the Parties only. It does not provide any rights or benefits to third parties. The Parties do not release any claims against any other person or entity except as provided in Paragraph 15.

11. This Settlement Agreement may not be changed, altered, or modified except in writing signed by the parties hereto.

12. The Parties agree to bear their own respective costs and fees (including without

limitation attorneys' fees) incurred in connection with this matter, including those incurred in the preparation and performance of this Agreement.

13. The Parties acknowledge their promises in this Agreement are provided in exchange or valuable consideration provided by and through this Agreement.

14. The Parties consent to the United States' disclosure of this Agreement and information about this Agreement to the public.

15. This Settlement Agreement shall be binding upon and inure to the benefit of the assigns, successors-in-interest, or transferees of the Parties.

16. Each of the signatories to this Settlement Agreement represents and warrants that it/he/she has the full power and authority to enter into this Settlement Agreement on behalf of the person and entities indicated below, and further represents that it/he/she freely and voluntarily enters into this Agreement without any degree of duress or compulsion. Facsimiles of signatures and electronic transmissions of signatures (including transmittal and receipt of PDF versions of signatures) shall constitute acceptable, binding signatures for purposes of this Agreement.

17. The Settlement Agreement shall be final once signed by all parties below and shall be effective on the date the last signature is obtained. The Agreement may be executed in counterparts, each of which constitutes an original and all of which constitutes one and the same agreement.

18. This Settlement Agreement constitutes the complete agreement between the Parties with respect to the settlement of the United States' civil and administrative CSA claims against Patterson on the Covered Conduct from the Covered Time.

19. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to the Agreement is the United States District Court for the District of South Carolina.

20. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

On behalf of Patterson Logistic Services Inc.

K. Reddy

Kirti Vaidya Reddy, Esq.
Quarles & Brady
(202) 372-9606
Kirti.Reddy@Quarles.com

January 18, 2024
Date

On behalf of the United States of America

ADAIR F. BOROUGHS
United States Attorney District of South Carolina

Beth Drake
Assistant United States Attorney

1/22/24
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis US LLC
Address: 10 Sylvan Way City: Parsippany State: NJ Zip: 07054

Name: A-dec
Address: 2601 Crestview Drive City: Newberg State: OR Zip: 97132

Name: Solventum US LLC
Address: 2510 Conway Ave. E Ste 75-6W City: Maplewood State: MN Zip: 55144

Name: Ivoclar North America Inc.
Address: 175 Pineview Drive City: Amherst State: NY Zip: 14228

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Minnesota
Parent Company (if any): Patterson Dental Supply,Inc.
Corporation/Organization Name: Patterson Logistics Services, Inc.
Mailing Address: 1031 Mendota Heights Rd.
City: Saint Paul State: MN Zip: 55120
Telephone: 651-686-1957 Email: facilitylicensing@pattersoncompanies.com
Contact Person Name: Kelley Karau

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Patterson Logistics Services, Inc.

Facility Name

Leslie B. Korsh

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/14/2025

Date

Board Use Only	Date Received: 5/15/25	Amount: $1000.00

NABP ACCREDITED
DRUG DISTRIBUTOR

Patterson Logistics Services, Inc

located at

925 Carolina Pines Blvd, Ste B, Blythewood, SC 29016

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

11/16/2023 -11/15/2026
Period of Accreditation

PATTERSON

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Parent Company:	Patterson Dental Supply, Inc.
Address:	1031 Mendota Heights Road Saint Paul, MN 55120
Ownership:	100%
FEIN:	41-1833619

PATTERSON LOGISTICS SERVICES, INC. – Officer List

Corporate address:	1031 Mendota Heights Road St. Paul, MN 55120
Phone Number:	651-686-1600
FEIN:	20-4404128
State of Incorporation:	Minnesota - #1737876-2 (3/1/2006)

Robert J. Rajalingam	**Chief Executive Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Kevin M. Barry	**Chief Financial Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Leslie B. Korsh	**Corporate Secretary**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Effective 10/13/2022

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Patterson Logistics Services, Inc.
Date Filed:	03/01/2006
File Number:	1737876-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota
This certificate has been issued on:	12/16/2024

Steve Simon
Secretary of State
State of Minnesota

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

PATTERSON LOGISTICS SERVICES, INC.

925 CAROLINA PINES BLVD SUITE B
BLYTHEWOOD, SC 29016

PY .16417 PTP

Third Party Logistics Provider

License Expires on
06/30/2025

Heather C. Harris

Heather C. Harris, Board Chair

Archie "Artie" McKnight, Vice Chair

Effective Date
06/17/2024

Traci Collier

Traci Collier, Board Administrator

To verify current license status, go to http://verify.llronline.com/LicLookup/LookupMain.aspx

License must be displayed publicly.

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH Back to Drug Control DPH Home

Controlled Substances Registration Verification

Welcome to the SC DPH Bureau of Drug Control Verification page. All fields are not required.

Enter search criteria.

Registration Number 40-16417 **City** Enter city...

Name (last, first) Enter name **County** Select county...

Company Name Enter company name **State** Select state...

Search Clear Form Print Listing

Registration Number	Name/Address	County	Issuance Date	Expiration Date	Schedules
4016417	PATTERSON LOGISTICS SERVICES, INC 925 CAROLINA PINES BLVD STE B BLYTHEWOOD, SC 29016	RICHLAND	2/15/2007	4/1/2026	22N33N45

Showing 1 to 1 of 1 entries

The maximum number of results is limited to 25. If you are unable to view the data you are looking for, please refine your search.
Verification Disclaimer: This is to attest to the accuracy of the information contained on the website and to verify that the information is updated at least daily.
The information on this site is primary source verification, and is non-modifiable by outside entities.

For additional information, contact: (803) 896-0636 Fax (803) 896-0627

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DPH.SC.gov

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0349224	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES INC
925 CAROLINA PINES BLVD
STE B
BLYTHEWOOD, SC 290167926

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0349224	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES INC
925 CAROLINA PINES BLVD
STE B
BLYTHEWOOD, SC 290167926

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/04/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC 333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400	**CONTACT NAME:** Marsh | U.S. Operations & Technology **PHONE (A/C, No, Ext):** 866-966-4664 **FAX (A/C, No):** 212-948-5382 **E-MAIL ADDRESS:** Minneapolis.CertRequest@marsh.com	
	INSURER(S) AFFORDING COVERAGE	**NAIC #**
	INSURER A : Starr Indemnity & Liability Company	38318
INSURED Patterson Companies, Inc. and its subsidiaries and affiliates 1031 Mendota Heights Road St. Paul, MN 55120	**INSURER B :** Starr Specialty Insurance Company	16109
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-010950096-01 **REVISION NUMBER:** 4

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			1000100137241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	0
							PERSONAL & ADV INJURY	$	2,000,000
							GENERAL AGGREGATE	$	10,000,000
							PRODUCTS - COMP/OP AGG	$	4,000,000
								$	
A	**AUTOMOBILE LIABILITY**			1000198195241 (AOS)	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$	3,000,000
A	X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			1000198196241 (MA)	11/01/2024	11/01/2025	BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
A	X **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 25,000			1000589674241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	5,000,000
							AGGREGATE	$	5,000,000
								$	
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N			100 0005556 (AOS)	11/01/2024	11/01/2025	[X] PER STATUTE [ ] OTH-ER		
B	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N]	N / A		100 0005558 (FL,MA)	11/01/2024	11/01/2025	E.L. EACH ACCIDENT	$	1,000,000
B	**(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below			100 0005559 (WI)	11/01/2024	11/01/2025	E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
B	Workers Compensation			100 0005557 (AK,AZ,CT,IA,NJ,NY,NC,TX,VT)	11/01/2024	11/01/2025	Limits		See Above

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence only.

CERTIFICATE HOLDER

Patterson Companies, Inc.
1031 Mendota Heights Road
St. Paul, MN 55120

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. **K41888507**

Application/License No. _____

Patterson Logistics Services, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is **925 Carolina Pines Blvd., Suite B, Blythewood, SC 29016** (Address of Applicant/Principal), as PRINCIPAL, and **Federal Insurance Company** (Surety Company), a corporation organized under the laws of the state of **Indiana** (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is **202B Halls Mill Road, Whitehouse Station, NJ 08889-3454** (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on **February 25, 2025** (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 25th day of February, 2025.

APPLICANT/PRINCIPAL
Patterson Logistics Services, Inc.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
Federal Insurance Company

Surety Company's Representative

Cynthia L. Choren, Attorney-in-fact
print name
NV Non-Resident License No. 221080

SIGNED and SEALED in the presence of:

Witness JoAnn R. Frank

Witness Brittany D. Stuckel

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint

Cynthia L. Choren

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **19th** day of **July, 2024.**

Rupert HD Swindells, Assistant Secretary

Warren Eichhorn, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **19th** day of **July, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22,2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this February 25, 2025

Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

Combined: FED-VIG-PI-WFIC-AAIC (rev. 11-19)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Patterson Logistics Services, Inc. MDEG License # (if applicable):
Physical Address: 925 Carolina Pines Blvd, Suite B
City: Blythewood State: SC Zip: 29016
Mailing Address (if different from physical address): 1031 Mendota Heights Road, Attn: Regulatory Licensing
City: Saint Paul State: MN Zip: 55120
Telephone: 803-691-2202 Website: www.pattersoncompanies.com
Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Richard Middle: Keith Last: Easler
Alias(es, nicknames, name changes, etc.):
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X
Mailing Addres: [redacted]
City: Leesville State: SC Zip: [redacted]
Telephon: [redacted] Email: richard.easler@pattersoncompanies.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Saluda High School		09/1987 - 05/1990	
Address	City	State	Zip
160 Ivory Key Road	Saluda	SC	29138
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2024 - Present	[redacted]	Leesville	SC	
05/1995 - 04/2024		Leesville	SC	
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			07/2001 - Present	
Business Address		**City**	**State**	**Zip**
925 Carolina Pines Blvd, Suite B		Blythewood	SC	29016
Phone	**Title**		**Number of Employed Hours**	
803-691-2202	Department Manager		6000+	
Description of Duties				
Trains and develops all employees for an understanding in State and Federal Regulations. Manages and supervises inventory to contain pharmaceutical and controlled substance to achieve 100% cycle count effectiveness each quarter.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Richard Easler, **certify that as the MDEG Administrator for**

Patterson Logistics Services, Inc.,

that I (initial that you have read and meet the following requirements):

1. RE Have a high school diploma or its equivalent;
2. RE Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. RE Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. RE Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Easler
Print Name (First, Last)

Richard Easler
Original Signature (electronic, copies or stamps not accepted)

5/23/25
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application
Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Patterson Logistics Services, Inc.
Pharmacy/Wholesaler License # (if applicable): WH01483
Physical Address: 925 Carolina Pines Blvd., Suite B
City: Blythewood State: SC Zip: 29016
Mailing Address (if different from physical address): 1031 Mendota Heights Rd. Attn: Regulatory Licensing
City: Saint Paul State: MN Zip: 55120
Telephone: 803-691-2202 Website: www.pattersoncompanies.com
Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Richard Middle: Keith Last: Easler
Alias(es, nicknames, name changes, etc.):
Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X
Mailing Address: [redacted]
City: Leesville State: SC Zip: [redacted]
Telephon: [redacted] Email: richard.easler@pattersoncompanies.com
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Saluda High School		09/1987 - 05/1990	
Address	**City**	**State**	**Zip**
160 Ivory Key Road	Saluda	SC	29138
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2024 - Present	[redacted]	Leesville	SC	[redacted]
From - To (MM/YY – MM/YY)		City	State	
05/1995 - 04/2024		Leesville	SC	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			07/2001-Present	
Business Address		**City**	**State**	**Zip**
925 Carolina Pines Blvd., Suite B		Blythewood	SC	29016
Phone	**Title**		**Number of Employed Hours**	
803-691-2202	Department Manager		6000+	
Description of Duties				
Trains and develops all employees for an understanding in State and Federal Regulations. Manages and supervises inventory to contain pharmaceutical and controlled substance to achieve 100% cycle count effectiveness each quarter.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Richard Eagles
Original Signature (electronic, copies or stamps not accepted)

5/2/25
Date

I, Richard Easler, **certify that as the designated representative for**

Patterson Logistics Services, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. RE I am at least 21 years of age;
3. RE I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RE I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RE I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RE I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RE I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Richard Easler

Print Name (First, Last)

Richard Easler

Original Signature (electronic, copies or stamps not accepted)

5/2/25

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Easler

Print Name (First, Last)

Richard Easler — 5/2/25

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of South Carolina, ss. County of Richland

I, Richard Easler, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Richard Easler — 5/2/25

Original Signature — **Date**

Subscribed and Sworn to before me this 2nd day of May 2025

Rashode Addison

Notary Public Signature

(Seal)

PATTERSON LOGISTICS

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Patterson Logistics Services, Inc.
Bythewood, SC – Employee List

Employee List
Easler, Richard Keith
Robinson, Pamela
Coleman, Stanley
Hopkins, Eugene
Miller, Enos J
Herrmann, Troy Joseph
Sapp, Corinthia
Jackson, Jacob B
Carter, Jerry L
Worzalla, Ashley R
Roberts, Tracey M
Donald, Charlene Denise
Addison, Rasheda D
Cox, Anthony Dwayne
Stewart, Roosevelt J
Brazell, Glenda F
Stokes, Emiliano T
Hammett, Kendrix
Lewis, Willie
Keo, Rachana Chhom
Stack, Angelo
Sawmadal, Loretta Maxwell
Benjamin, Charles Alonzo
Miller, Melisa
Hudson Jr, Nathaniel
Simmons, Jernell Nixon
Springman, Angela N
Bratton, Stephanie
Leneau, Chanell Tatiana
Burton, Andrea W
Johnson, Chesica Vernita
McKnight, Jacqueline Sabrina
Glover, Quintera Kyanna
Glover, Willie Derion
Shiver, Kelan
Maple, Naialah Jhanel
Burton, Jacqueline Geneva
Cokely, Deanya
Drayton Jr, Leroy
Stewart, Michael Eric
Clegg, Amy
Reynolds, Audrey T
Cole, JoAnn

Garner, Christopher R
Daniels, Toduario Antione
Lewis, Christyn
Sampson, Kimberly Dawn
Lee, Jerred
Jones, Jakira
Lee-Burns, Shanelle
Lawhorn, Jordan
Urena, Jose
Golson, Angelique
Carraway, Dewayne
Gary, Janelle
Tobon Sr, Jason
White, Terri
Williams, Robert
Eison, Demarcus
Roberts, Abigail
Tobon, Amy
Daniels, Shadaria
Patton, Bahsil
Smith, William
Lacy, Bernard
Dalloul, Ramzi
Outen, Maggie
Harris, Ricky
Roberts, Lesley
Hall, Valorie
Sherman, El-Amin
Stewart, Chasity
Moulton, April
Sampson, Latisha
Watson, Marissa
Pardo, Ameriya
Benbow, Lindee
Ancrum, Zaylan
Shakur, Mahoni
Patterson, Iesha
Samuels, Kyree
Leysath, Herbert
Jackson, Javonte
McMillan, A'lasha
Douglas, Alexander
Luna, Mark
Ransome, Darrin
Pridgeon, Justin
Burdett, Quinn
Crawford jr, Fernando
Scott, Steven

Benbow, Jabrandis
Patterson, Jayla
Huling, Terry James
Ashford, Cameryn
Robinson, Angel

12E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only) * If making a change, provide current license number: WH 01239	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Patterson Logistics Services, Inc.

Physical Address: 6419 South 228th Street, Suite 101

City: Kent State: WA Zip: 98032

Mailing Address (if different from physical address): 1031 Mendota Heights Rd. Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 803-691-2202 Website: www.pattersoncompanies.com

Name of Designated Representative (DR): John Benson

Licensing Company Email: facilitylicensing@pattersoncompa DR Email: john.benson@pattersoncompanies.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Class I and Class II Medical Devices	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: universities/res.facilities		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01.22.2024		SC	Blythewood	Richland
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		District of South Carolina on behalf of Drug Enforcement Agency		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Patterson Logistics Services, Inc.				

Provide explanation below:

On January 22, 2024, Patterson Logistics Services, Inc. ("PLSI") entered into a Settlement Agreement with the United States Attorney's Office for the District of South Carolina ("DOJ"), acting on behalf of the Drug Enforcement Administration ("DEA"), in which PLSI agreed to pay a fine of $45,500 with no associated admission of liability or guilt by PLSI. The allegations of the DEA are related primarily to certain record-keeping and reporting violations of the Controlled Substance Act. The DOJ and the DEA were satisfied with Patterson's corrective action measures, such that the matter was settled with no associated Memorandum of Understanding or ongoing reporting requirement for PLSI.

Original Signature (electronic, copies or stamps not accepted)

5/14/2025
Date

SETTLEMENT AGREEMENT

This Settlement Agreement ("Agreement") is made and entered into by and between the United States of America, acting through the United States Attorney's Office for the District of South Carolina, on behalf of the Drug Enforcement Administration ("DEA") (collectively, the "United States"), and Patterson Logistic Services Inc. ("Patterson") (together, "the Parties").

RECITALS

Patterson is currently registered with DEA Certificate of Registration #RP0349224 as a distributor authorized to handle controlled substances on Schedules II-V at its registered location, 925 Carolina Pines Boulevard, Suite B, Blythewood, South Carolina 29016 (the "Blythewood FC").

At all times relevant to this Agreement, Patterson was required to operate in accordance with the statutory provisions of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. §§ 801-904, and the regulations promulgated thereunder, 21 C.F.R. Part 1300, *et seq.* (collectively "the CSA.")

Between January 31, 2023, and February 2, 2023, the DEA conducted an inspection at Blythewood FC. As a result of the inspection, the United States contends Patterson violated civil provisions of the CSA. Specifically, the United States contends that from January 31, 2021 through February 2, 2023, in regard to operations at Blythewood FC, Patterson violated certain suspicious order requirements, reporting requirements to ARCOS and order form and recordkeeping requirements pursuant to the CSA, specifically Title 21 Parts 1301, 1304, and 1305 of the CFR.

The conduct identified above at the Blythewood FC shall hereinafter be referred to as "Covered Conduct" and the identified time frame shall be referred to as "Covered Time Period."

The parties agree that this Agreement is not an admission of liability by Patterson, its

employees, or its agents for the Covered Conduct under the CSA nor a concession by the United States that its claims are not well-founded.

To avoid the uncertainty and expense of the adjudication of each claim, and of exhausting all administrative and legal remedies, the Parties desire to reach a mutual agreement that settles the above-referenced allegations without the United States filing a civil suit.

STIPULATIONS

In consideration of the foregoing and the mutual promises and obligations contained in this Agreement, the Parties agree and covenant as follows:

1. Patterson shall pay $45,500 (the "Settlement Amount") to the United States no later than 10 business days after counsel for Patterson receives the written electronic funds transfer instructions by the United States Attorney for the District of South Carolina.

2. By signing this Settlement Agreement, Patterson agrees to waive all rights to seek judicial review or to challenge or contest the validity of any terms or conditions of this Settlement Agreement.

3. Subject to the exceptions in Paragraph 5 (concerning excluded claims) below, and conditioned upon Patterson's full payment of the Settlement Amount under this Agreement, the United States agrees to refrain from filing against Patterson any action for civil penalty claims under the CSA that is based on the Covered Conduct. In further consideration of Patterson's fulfillment of its obligations under this Agreement, expressly conditioned upon Patterson's timely paying the Settlement Amount and subject to the exceptions in Paragraph 5 (concerning excluded claims), below, the United States fully and finally releases Patterson and its parent, affiliates, insurers, agents, assigns, successors, predecessors, shareholders, principals, current and former employees,

management, officers, and directors from any civil or administrative claims the United States has, could have, or may assert in the future related to the Covered Conduct during the Covered Time Period.

4. Patterson fully and finally releases the United States, its agencies, officers, employees, servants, and agents from any claims (including without limitation attorney's fees, costs, and expenses of every kind and however denominated) that Patterson has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, employees, and servants, and agents related to the Covered Conduct and the United States' investigation and prosecution thereof.

5. Notwithstanding the release given in Paragraph 3 of this Settlement Agreement, or any other terms of this Agreement, the following claims of the United States are specifically reserved and not released:

a. Any liability arising under Title 26 of the United States Code;

b. Any criminal liability;

c. Any liability under the False Claims Act, 31 U.S.C. § 3729, or the Program Fraud Civil Remedies Act, 31 U.S.C. §§ 3801-3812;

d. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct;

e. Except as explicitly stated in this Agreement, any administrative liability, including the suspension and debarment rights of any federal agency;

f. Any liability based upon obligations created by this Agreement; and

g. Any liability of individuals except as expressly stated in Paragraph 3 of this Agreement.

6. Nothing in this Agreement shall prevent, preclude, limit, or prejudice the right of the United States to enforce the CSA by commencing a civil or administrative action against Patterson

for violations of the CSA unrelated to the violations identified in the audit conducted between January 31, 2023 and February 2, 2023. Nothing in this Agreement, however, waives or limits Patterson's right or ability to raise any defenses to such an action.

7. The obligations imposed upon the United States and Patterson pursuant to this Agreement are in addition to, and not in derogation of, all requirements imposed upon each party pursuant to all applicable federal, state, and local laws and regulations, including, but not limited to the requirements in the CSA and its implementing regulations.

8. Nothing in this Agreement constitutes an agreement by the United States concerning the characterization of the Settlement Amount for purposes of the Internal Revenue Laws, Title 26 of the United States Code.

9. The Parties agree that any and all costs they have, will, or may incur, in connection with this matter—including payment of the Settlement Amount under this Agreement, attorneys' fees, costs of investigation, negotiation, past and future compliance efforts, and remedial action—shall be unallowable costs (as defined in the Federal Acquisition Regulation, 48 C.F.R. § 31.205-47; and in Titles XVII and IXI of the Social Security Act, 42 U.S.C. §§ 1395-1395lll and 1396-1396w-5; and the regulations and official program directives promulgated thereunder) for government contracting accounting and for purposes of any government reimbursement program.

10. This Agreement is intended to be for the benefit of the Parties only. It does not provide any rights or benefits to third parties. The Parties do not release any claims against any other person or entity except as provided in Paragraph 15.

11. This Settlement Agreement may not be changed, altered, or modified except in writing signed by the parties hereto.

12. The Parties agree to bear their own respective costs and fees (including without

limitation attorneys' fees) incurred in connection with this matter, including those incurred in the preparation and performance of this Agreement.

13. The Parties acknowledge their promises in this Agreement are provided in exchange or valuable consideration provided by and through this Agreement.

14. The Parties consent to the United States' disclosure of this Agreement and information about this Agreement to the public.

15. This Settlement Agreement shall be binding upon and inure to the benefit of the assigns, successors-in-interest, or transferees of the Parties.

16. Each of the signatories to this Settlement Agreement represents and warrants that it/he/she has the full power and authority to enter into this Settlement Agreement on behalf of the person and entities indicated below, and further represents that it/he/she freely and voluntarily enters into this Agreement without any degree of duress or compulsion. Facsimiles of signatures and electronic transmissions of signatures (including transmittal and receipt of PDF versions of signatures) shall constitute acceptable, binding signatures for purposes of this Agreement.

17. The Settlement Agreement shall be final once signed by all parties below and shall be effective on the date the last signature is obtained. The Agreement may be executed in counterparts, each of which constitutes an original and all of which constitutes one and the same agreement.

18. This Settlement Agreement constitutes the complete agreement between the Parties with respect to the settlement of the United States' civil and administrative CSA claims against Patterson on the Covered Conduct from the Covered Time.

19. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to the Agreement is the United States District Court for the District of South Carolina.

20. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

On behalf of Patterson Logistic Services Inc.

K. Reddy

Kirti Vaidya Reddy, Esq.
Quarles & Brady
(202) 372-9606
Kirti.Reddy@Quarles.com

January 18, 2024
Date

On behalf of the United States of America

ADAIR F. BOROUGHS
United States Attorney District of South Carolina

Beth Drake
Assistant United States Attorney

1/22/24
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis US LLC
Address: 10 Sylvan Way City: Parsippany State: NJ Zip: 07054

Name: A-dec
Address: 2601 Crestview Drive City: Newberg State: OR Zip: 97132

Name: Solventum US LLC
Address: 2510 Conway Ave. E Ste 75-6W City: Maplewood State: MN Zip: 55144

Name: Ivoclar North America Inc.
Address: 175 Pineview Drive City: Amherst State: NY Zip: 14228

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Minnesota
Parent Company (if any): Patterson Dental Supply,Inc.
Corporation/Organization Name: Patterson Logistics Services, Inc.
Mailing Address: 1031 Mendota Heights Rd.
City: Saint Paul State: MN Zip: 55120
Telephone: 651-686-1957 Email: facilitylicensing@pattersoncompanies.com
Contact Person Name: Kelley Karau

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Patterson Logistics Services, Inc.

Facility Name

Leslie B. Korsh

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/14/2025

Date

Board Use Only	Date Received: 5/15/25	Amount: $1000cc

NABP ACCREDITED
DRUG DISTRIBUTOR

Patterson Logistics Services, Inc

located at

6419 South 228th Street, Suite 101, Kent, WA 98032

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

11/05/2023 - 11/04/2026
Period of Accreditation

PATTERSON

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Parent Company: Patterson Dental Supply, Inc.
Address: 1031 Mendota Heights Road
Saint Paul, MN 55120
Ownership: 100%
FEIN: 41-1833619

PATTERSON LOGISTICS SERVICES, INC. – Officer List

Corporate address: 1031 Mendota Heights Road
St. Paul, MN 55120
Phone Number: 651-686-1600
FEIN: 20-4404128
State of Incorporation: Minnesota - #1737876-2 (3/1/2006)

Robert J. Rajalingam **Chief Executive Officer**
Business Address: 1031 Mendota Heights Road
St. Paul, MN 55120
Business Phone: 651-686-1600
Email: Facilitylicensing@pattersoncompanies.com

Kevin M. Barry **Chief Financial Officer**
Business Address: 1031 Mendota Heights Road
St. Paul, MN 55120
Business Phone: 651-686-1600
Email: Facilitylicensing@pattersoncompanies.com

Leslie B. Korsh **Corporate Secretary**
Business Address: 1031 Mendota Heights Road
St. Paul, MN 55120
Business Phone: 651-686-1600
Email: Facilitylicensing@pattersoncompanies.com

Effective 10/13/2022

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Patterson Logistics Services, Inc.
Date Filed:	03/01/2006
File Number:	1737876-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota
This certificate has been issued on:	12/16/2024

Steve Simon
Secretary of State
State of Minnesota

Washington State Department of Health

This organization

Patterson Logistics Services

is authorized by RCW 18.64 to have a

Pharmaceutical Wholesaler License

Operated by: **Patterson Logistics Services Inc**

Controlled Substance

Located at: **6419 S 228th St Ste 101**
Kent, WA 98032-1874

Secretary

Status
ACTIVE

Credential Number
PHWH.FX.00058990

Effective Date
10/01/2024

Expiration Date
09/30/2025

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0351736	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
6419 SOUTH 228 STREET
SUITE 101
KENT, WA 98032

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0351736	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
6419 SOUTH 228 STREET
SUITE 101
KENT, WA 98032

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/04/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC
333 South 7th Street, Suite 1400
Minneapolis, MN 55402-2400

CONTACT NAME: Marsh | U.S. Operations & Technology
PHONE (A/C, No, Ext): 866-966-4664 **FAX (A/C, No):** 212-948-5382
E-MAIL ADDRESS: Minneapolis.CertRequest@marsh.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Starr Indemnity & Liability Company	38318
INSURER B : Starr Specialty Insurance Company	16109
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Patterson Companies, Inc.
and its subsidiaries and affiliates
1031 Mendota Heights Road
St. Paul, MN 55120

COVERAGES **CERTIFICATE NUMBER:** CHI-010950096-01 **REVISION NUMBER:** 4

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			1000100137241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$	2,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$	10,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$	4,000,000
								$	
A	AUTOMOBILE LIABILITY			1000198195241 (AOS)	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$	3,000,000
A	X ANY AUTO			1000198196241 (MA)	11/01/2024	11/01/2025	BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
A	X UMBRELLA LIAB X OCCUR			1000589674241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	5,000,000
	DED X RETENTION $ 25,000							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			100 0005556 (AOS)	11/01/2024	11/01/2025	X PER STATUTE OTH-ER		
B	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A		100 0005558 (FL,MA)	11/01/2024	11/01/2025	E.L. EACH ACCIDENT	$	1,000,000
B	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			100 0005559 (WI)	11/01/2024	11/01/2025	E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
B	Workers Compensation			100 0005557 (AK,AZ,CT,IA,NJ,NY,NC,TX,VT)	11/01/2024	11/01/2025	Limits		See Above

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence only.

CERTIFICATE HOLDER

Patterson Companies, Inc.
1031 Mendota Heights Road
St. Paul, MN 55120

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. **K41888490**

Application/License No. _____

Patterson Logistics Services, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is **6419 South 228th Street, Suite 101, Kent, WA 98032** (Address of Applicant/Principal), as PRINCIPAL, and **Federal Insurance Company** (Surety Company), a corporation organized under the laws of the state of **Indiana** (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is **202B Halls Mill Road, Whitehouse Station, NJ 08889-3454** (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on **February 25, 2025** (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 25th day of February, 2025.

APPLICANT/PRINCIPAL
Patterson Logistics Services, Inc.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
Federal Insurance Company

Surety Company's Representative

Cynthia L. Choren, Attorney-in-fact
print name
NV Non-Resident License No. 221080

SIGNED and SEALED in the presence of:

Witness JoAnn R. Frank

Witness Brittany D. Stuckel

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint

Cynthia L. Choren

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **19th** day of **July, 2024.**

Rupert HD Swindells, Assistant Secretary

Warren Eichhorn, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **19th** day of **July, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22,2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this February 25, 2025

Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Patterson Logistics Services, Inc. MDEG License # (if applicable):

Physical Address: 6419 South 228th Street, Suite 101

City: Kent State: WA Zip: 98032

Mailing Address (if different from physical address): 1031 Mendota Heights Road, Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 253-850-4200 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: John Middle: Carlton Last: Benson

Alias(es, nicknames, name changes, etc.):

Date of Birt[redacted] SSN or ITI[redacted] Sex: ■ M ☐ F ☐ X

Mailing Address[redacted]

City: Puyallup State: WA Zip[redacted]

Telephone[redacted] Email: John.Benson@pattersoncompanies.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Enumclaw High School		05/2010 - 09/2014	
Address	**City**	**State**	**Zip**
226 Semanski St S	Enumclaw	WA	98022
Diploma/Degree obtained, if any			
Graduated			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2020 - present	[redacted]	Puyallup	WA	[redacted]
From - To (MM/YY – MM/YY)		City	State	
10/2017 - 03/2020		Kent	WA	
From - To (MM/YY – MM/YY)		City	State	
06/2013 - 10/2017		Enumclaw	WA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			05/2022 - Present	
Business Address		**City**	**State**	**Zip**
6419 South 228th Street, Suite 101		Kent	WA	98032
Phone	**Title**		**Number of Employed Hours**	
253-850-422	Department Manager		6000+	
Description of Duties				
Trains and develops all employees for an understanding in State and Federal Regulations. Manages and supervises inventory to contain pharmaceutical and controlled substance to achieve 100% cycle count effectiveness each quarter.				

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			09/2016 - 05/2022	
Business Address		**City**	**State**	**Zip**
6419 South 228th Street, Suite 101		Kent	WA	98032
Phone	**Title**		**Number of Employed Hours**	
253-850-4200	Supervisor		6000+	
Description of Duties				
Trains and develops all employees for an understanding in State and Federal Regulations. Manages and supervises inventory to contain pharmaceutical and controlled substance to achieve 100% cycle count effectiveness each quarter.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5-23-2025
Date

I, John Benson, **certify that as the MDEG Administrator for**

Patterson Logistics Services, Inc.,

that I (initial that you have read and meet the following requirements):

1. JB Have a high school diploma or its equivalent;
2. JB Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JB Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JB Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Benson
Print Name (First, Last)

JB
Original Signature (electronic, copies or stamps not accepted)

5-23-2025
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Patterson Logistics Services, Inc.

Pharmacy/Wholesaler License # (if applicable): WH01239

Physical Address: 6419 South 228th Street, Suite 101

City: Kent State: WA Zip: 98032

Mailing Address (if different from physical address): 1031 Mendota Heights Rd. Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 253-850-4200 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: John Middle: Carlton Last: Benson

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Puyallup State: WA Zip: [redacted]

Telephone: [redacted] Email: John.Benson@pattersoncompanies.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Enumclaw High School		May/2010 - 09/2014	
Address	**City**	**State**	**Zip**
226 Semanski St S	Enumclaw	WA	98022
Diploma/Degree obtained, if any			
Graduated			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2020 - present	[redacted]	Puyallup	WA	[redacted]
From - To (MM/YY – MM/YY)		City	State	
10/17 - 03/20		Kent	WA	
From - To (MM/YY – MM/YY)		City	State	
06/13 - 10/17		Enumclaw	WA	
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			05/22 - present	
Business Address		**City**	**State**	**Zip**
6419 South 228th Street, Suite 101		Kent	WA	98032
Phone	**Title**		**Number of Employed Hours**	
253-850-4200	Department Manager		6000+	
Description of Duties				
Trains and develops all employees for an understanding in State and Federal Regulations. Manages and supervises inventory to contain pharmaceutical and controlled substance to achieve 100% cycle count effectiveness each quarter.				

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			09/16 - 05/22	
Business Address		**City**	**State**	**Zip**
6419 South 228th Street, Suite 101		Kent	WA	98032
Phone	**Title**		**Number of Employed Hours**	
253-850-4200	Supervisor		6000+	
Description of Duties				
Trains and develops all employees for an understanding in State and Federal Regulations. Manages and supervises inventory to contain pharmaceutical and controlled substance to achieve 100% cycle count effectiveness each quarter.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4-25-2025
Date

I, John Benson, **certify that as the designated representative for**

Patterson Logistics Services, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JB I am at least 21 years of age;
3. JB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

John Benson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-25-2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Benson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-29-2025

Date

Please have this section completed in the presence of a Notary Public.

State of Washington, ss. County of King

I, John Benson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4-29-2025

Date

Subscribed and Sworn to before me this 29 day of April, 2025.

Notary Public Signature

BECKY ANDERSON
Notary Public
State of Washington
Commission # 23031439
My Comm. Expires Oct 6, 2027

(Seal)

PATTERSON LOGISTICS

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Patterson Logistics Services, Inc.
Kent, WA – Employee List

Employee Name
Bassi, Virender K
Parr, Alysia Dawn
Mironov, Andrey Yuryevich
Cartwright, Dan C
Simmons, Jessica L
Tili, Elaine Faafouina
Benson, John C
Luther, Jodi L
Bueling, Julie A
Clark, Sammy D
Patterson, Errold
Perez-Gomez, Corina
McDowell, Rory
Ramos, Roxanne Rosalie
Alokoa, Ketty D
Heminna, Mohamed
Daniel, Gary
Guitron, Maricela
Tab, Chhoeub
Neneiya, Jane
Skilling, Tulpe
Funaki, Lupeau Pualani
Hassan, Mohamed Abdi
Rodriguez, Steve Vecino
Atonio, Peleiupu Samantha
Fili, Melepaea
Martin, Amelia Tonga
Kong, Veronica Chan
Hogan, Clifford
Mongkeya, Shra Chalsey
Anderson, Rebecca
de Vera, Roger
Nonan, Elsie
Ned, Lucy
Nithan, Ikaika-Brett
Ned, Luna-ladiva
Martin, Patrick
Star, Shania
Fili, Semisi
William, Robert
Brooks, Kathleen R
Zapata, Jorge

Searles, Austin
Nena, Billy
Altamirano, Edson
Rodriguez-Andrade, Elio
Carmona, Alexis
Galletch, Quinn
Phillip, Erica
Taulung, AJ

12F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01744	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Patterson Logistics Services, Inc.

Physical Address: 7055 Cleveland Road

City: South Bend State: IN Zip: 46628

Mailing Address (if different from physical address): 1031 Mendota Heights Road Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 574-472-5800 Website: www.pattersoncompanies.com

Name of Designated Representative (DR): Kevin Mock

Licensing Company Email: facilitylicensing@pattersoncompa DR Email: kevin.mock@pattersondental.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Class I/II Medical Devices	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: universities/res.facilities		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01.22.2024		SC	Blythewood	Richland
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		District of South Carolina on behalf of Drug Enforcement Agency		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Patterson Logistics Services, Inc.				

Provide explanation below:

On January 22, 2024, Patterson Logistics Services, Inc. ("PLSI") entered into a Settlement Agreement with the United States Attorney's Office for the District of South Carolina ("DOJ"), acting on behalf of the Drug Enforcement Administration ("DEA"), in which PLSI agreed to pay a fine of $45,500 with no associated admission of liability or guilt by PLSI. The allegations of the DEA are related primarily to certain record-keeping and reporting violations of the Controlled Substance Act. The DOJ and the DEA were satisfied with Patterson's corrective action measures, such that the matter was settled with no associated Memorandum of Understanding or ongoing reporting requirement for PLSI.

Original Signature (electronic, copies or stamps not accepted)

5/6/25
Date

SETTLEMENT AGREEMENT

This Settlement Agreement ("Agreement") is made and entered into by and between the United States of America, acting through the United States Attorney's Office for the District of South Carolina, on behalf of the Drug Enforcement Administration ("DEA") (collectively, the "United States"), and Patterson Logistic Services Inc. ("Patterson") (together, "the Parties").

RECITALS

Patterson is currently registered with DEA Certificate of Registration #RP0349224 as a distributor authorized to handle controlled substances on Schedules II-V at its registered location, 925 Carolina Pines Boulevard, Suite B, Blythewood, South Carolina 29016 (the "Blythewood FC").

At all times relevant to this Agreement, Patterson was required to operate in accordance with the statutory provisions of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. §§ 801-904, and the regulations promulgated thereunder, 21 C.F.R. Part 1300, *et seq.* (collectively "the CSA.")

Between January 31, 2023, and February 2, 2023, the DEA conducted an inspection at Blythewood FC. As a result of the inspection, the United States contends Patterson violated civil provisions of the CSA. Specifically, the United States contends that from January 31, 2021 through February 2, 2023, in regard to operations at Blythewood FC, Patterson violated certain suspicious order requirements, reporting requirements to ARCOS and order form and recordkeeping requirements pursuant to the CSA, specifically Title 21 Parts 1301, 1304, and 1305 of the CFR.

The conduct identified above at the Blythewood FC shall hereinafter be referred to as "Covered Conduct" and the identified time frame shall be referred to as "Covered Time Period."

The parties agree that this Agreement is not an admission of liability by Patterson, its

employees, or its agents for the Covered Conduct under the CSA nor a concession by the United States that its claims are not well-founded.

To avoid the uncertainty and expense of the adjudication of each claim, and of exhausting all administrative and legal remedies, the Parties desire to reach a mutual agreement that settles the above-referenced allegations without the United States filing a civil suit.

STIPULATIONS

In consideration of the foregoing and the mutual promises and obligations contained in this Agreement, the Parties agree and covenant as follows:

1. Patterson shall pay $45,500 (the "Settlement Amount") to the United States no later than 10 business days after counsel for Patterson receives the written electronic funds transfer instructions by the United States Attorney for the District of South Carolina.

2. By signing this Settlement Agreement, Patterson agrees to waive all rights to seek judicial review or to challenge or contest the validity of any terms or conditions of this Settlement Agreement.

3. Subject to the exceptions in Paragraph 5 (concerning excluded claims) below, and conditioned upon Patterson's full payment of the Settlement Amount under this Agreement, the United States agrees to refrain from filing against Patterson any action for civil penalty claims under the CSA that is based on the Covered Conduct. In further consideration of Patterson's fulfillment of its obligations under this Agreement, expressly conditioned upon Patterson's timely paying the Settlement Amount and subject to the exceptions in Paragraph 5 (concerning excluded claims), below, the United States fully and finally releases Patterson and its parent, affiliates, insurers, agents, assigns, successors, predecessors, shareholders, principals, current and former employees,

management, officers, and directors from any civil or administrative claims the United States has, could have, or may assert in the future related to the Covered Conduct during the Covered Time Period.

4. Patterson fully and finally releases the United States, its agencies, officers, employees, servants, and agents from any claims (including without limitation attorney's fees, costs, and expenses of every kind and however denominated) that Patterson has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, employees, and servants, and agents related to the Covered Conduct and the United States' investigation and prosecution thereof.

5. Notwithstanding the release given in Paragraph 3 of this Settlement Agreement, or any other terms of this Agreement, the following claims of the United States are specifically reserved and not released:

a. Any liability arising under Title 26 of the United States Code;

b. Any criminal liability;

c. Any liability under the False Claims Act, 31 U.S.C. § 3729, or the Program Fraud Civil Remedies Act, 31 U.S.C. §§ 3801-3812;

d. Any liability to the United States (or its agencies) for any conduct other than the Covered Conduct;

e. Except as explicitly stated in this Agreement, any administrative liability, including the suspension and debarment rights of any federal agency;

f. Any liability based upon obligations created by this Agreement; and

g. Any liability of individuals except as expressly stated in Paragraph 3 of this Agreement.

6. Nothing in this Agreement shall prevent, preclude, limit, or prejudice the right of the United States to enforce the CSA by commencing a civil or administrative action against Patterson

for violations of the CSA unrelated to the violations identified in the audit conducted between January 31, 2023 and February 2, 2023. Nothing in this Agreement, however, waives or limits Patterson's right or ability to raise any defenses to such an action.

7. The obligations imposed upon the United States and Patterson pursuant to this Agreement are in addition to, and not in derogation of, all requirements imposed upon each party pursuant to all applicable federal, state, and local laws and regulations, including, but not limited to the requirements in the CSA and its implementing regulations.

8. Nothing in this Agreement constitutes an agreement by the United States concerning the characterization of the Settlement Amount for purposes of the Internal Revenue Laws, Title 26 of the United States Code.

9. The Parties agree that any and all costs they have, will, or may incur, in connection with this matter—including payment of the Settlement Amount under this Agreement, attorneys' fees, costs of investigation, negotiation, past and future compliance efforts, and remedial action—shall be unallowable costs (as defined in the Federal Acquisition Regulation, 48 C.F.R. § 31.205-47; and in Titles XVII and IXI of the Social Security Act, 42 U.S.C. §§ 1395-1395lll and 1396-1396w-5; and the regulations and official program directives promulgated thereunder) for government contracting accounting and for purposes of any government reimbursement program.

10. This Agreement is intended to be for the benefit of the Parties only. It does not provide any rights or benefits to third parties. The Parties do not release any claims against any other person or entity except as provided in Paragraph 15.

11. This Settlement Agreement may not be changed, altered, or modified except in writing signed by the parties hereto.

12. The Parties agree to bear their own respective costs and fees (including without

limitation attorneys' fees) incurred in connection with this matter, including those incurred in the preparation and performance of this Agreement.

13. The Parties acknowledge their promises in this Agreement are provided in exchange or valuable consideration provided by and through this Agreement.

14. The Parties consent to the United States' disclosure of this Agreement and information about this Agreement to the public.

15. This Settlement Agreement shall be binding upon and inure to the benefit of the assigns, successors-in-interest, or transferees of the Parties.

16. Each of the signatories to this Settlement Agreement represents and warrants that it/he/she has the full power and authority to enter into this Settlement Agreement on behalf of the person and entities indicated below, and further represents that it/he/she freely and voluntarily enters into this Agreement without any degree of duress or compulsion. Facsimiles of signatures and electronic transmissions of signatures (including transmittal and receipt of PDF versions of signatures) shall constitute acceptable, binding signatures for purposes of this Agreement.

17. The Settlement Agreement shall be final once signed by all parties below and shall be effective on the date the last signature is obtained. The Agreement may be executed in counterparts, each of which constitutes an original and all of which constitutes one and the same agreement.

18. This Settlement Agreement constitutes the complete agreement between the Parties with respect to the settlement of the United States' civil and administrative CSA claims against Patterson on the Covered Conduct from the Covered Time.

19. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to the Agreement is the United States District Court for the District of South Carolina.

20. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

On behalf of Patterson Logistic Services Inc.

K. Reddy

Kirti Vaidya Reddy, Esq.
Quarles & Brady
(202) 372-9606
Kirti.Reddy@Quarles.com

January 18, 2024
Date

On behalf of the United States of America

ADAIR F. BOROUGHS
United States Attorney District of South Carolina

Beth Drake

Beth Drake
Assistant United States Attorney

1/22/24
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Zoetis US LLC
Address: 10 Sylvan Way City: Parsippany State: NJ Zip: 07054
Name: ADEC
Address: 2601 Crestview Drive City: Newberg State: OR Zip: 97132
Name: Solventum US LLC
Address: 2510 Conway Ave E Ste 75-6W City: Maplewood State: MN Zip: 55144
Name: Ivoclar North America Inc.
Address: 175 Pineview Drive City: Amherst State: NY Zip: 14228

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Minnesota
Parent Company (if any): Patterson Dental Supply, Inc.
Corporation/Organization Name: Patterson Logistics Services, Inc.
Mailing Address: 1031 Mendota Heights Road
City: Saint Paul State: MN Zip: 55120
Telephone: 651.686.1957 Email: facilitylicensing@pattersoncompanies.com
Contact Person Name: Kelley Karau

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [3]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [3]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Patterson Logistics Services, Inc.

Facility Name

Leslie B. Korsh

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/6/25

Date

Board Use Only	Date Received: 5/15/25	Amount: [illegible]

NABP ACCREDITED
DRUG DISTRIBUTOR

Patterson Logistics Services, Inc

located at

7055 Cleveland Rd, South Bend, IN 46628

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

12/06/2022 - 12/05/2025
Period of Accreditation

3152

PATTERSON

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Parent Company:	Patterson Dental Supply, Inc.
Address:	1031 Mendota Heights Road Saint Paul, MN 55120
Ownership:	100%
FEIN:	41-1833619

PATTERSON LOGISTICS SERVICES, INC. – Officer List

Corporate address:	1031 Mendota Heights Road St. Paul, MN 55120
Phone Number:	651-686-1600
FEIN:	20-4404128
State of Incorporation:	Minnesota - #1737876-2 (3/1/2006)

Robert Rajalingam	**Chief Executive Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Kevin Barry	**Chief Financial Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Leslie Korsh	**Corporate Secretary**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	Facilitylicensing@pattersoncompanies.com

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Patterson Logistics Services, Inc.
Date Filed:	03/01/2006
File Number:	1737876-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota
This certificate has been issued on:	12/16/2024

Steve Simon
Secretary of State
State of Minnesota

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Third Party Logistics Provider

Registration Number	Expire Date
94000063A	09/30/2026

Patterson Logistics Services Inc
7055 Cleveland Road
South Bend IN 46628

Eric J. Holcomb
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

CSR

Registration Number	Expire Date
61101371B	12/31/2025

DRUG SCHEDULES

1	2	2N	3	3N	4	5
			Yes	Yes	Yes	Yes

Patterson Logistics Services Inc
7055 Cleveland Road
South Bend IN 46628

Eric J. Holcomb
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

CSR

Registration Number	Expire Date
61101371B	**12/31/2025**

Patterson Logistics Services Inc

Signature

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0414146	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
7055 CLEVELAND ROAD
SOUTH BEND, IN 466287724

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0414146	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
7055 CLEVELAND ROAD
SOUTH BEND, IN 466287724

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0414146	03-31-2026	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	03-10-2025

PATTERSON LOGISTICS SERVICES, INC.
7055 CLEVELAND ROAD
SOUTH BEND, IN 466287724

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/04/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA LLC
333 South 7th Street, Suite 1400
Minneapolis, MN 55402-2400

CONTACT NAME: Marsh | U.S. Operations & Technology
PHONE (A/C, No, Ext): 866-966-4664 **FAX (A/C, No):** 212-948-5382
E-MAIL ADDRESS: Minneapolis.CertRequest@marsh.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Starr Indemnity & Liability Company	38318
INSURER B : Starr Specialty Insurance Company	16109
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Patterson Companies, Inc.
and its subsidiaries and affiliates
1031 Mendota Heights Road
St. Paul, MN 55120

COVERAGES **CERTIFICATE NUMBER:** CHI-010950096-01 **REVISION NUMBER:** 4

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			1000100137241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	0
							PERSONAL & ADV INJURY	$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	10,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	4,000,000
	OTHER:							$	
A	AUTOMOBILE LIABILITY			1000198195241 (AOS)	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$	3,000,000
A	X ANY AUTO			1000198196241 (MA)	11/01/2024	11/01/2025	BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
A	X UMBRELLA LIAB X OCCUR			1000589674241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	5,000,000
	DED X RETENTION $ 25,000							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			100 0005556 (AOS)	11/01/2024	11/01/2025	X PER STATUTE OTH-ER		
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N	N/A		100 0005558 (FL,MA)	11/01/2024	11/01/2025	E.L. EACH ACCIDENT	$	1,000,000
B	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			100 0005559 (WI)	11/01/2024	11/01/2025	E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
B	Workers Compensation			100 0005557 (AK,AZ,CT,IA,NJ,NY,NC,TX,VT)	11/01/2024	11/01/2025	Limits		See Above

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence only

CERTIFICATE HOLDER
Patterson Companies, Inc.
1031 Mendota Heights Road
St. Paul, MN 55120

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Marsh USA LLC

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. **K41888477**

Application/License No. _____

Patterson Logistics Services, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is **7055 Cleveland Road, South Bend, IN 46628** (Address of Applicant/Principal), as PRINCIPAL, and **Federal Insurance Company** (Surety Company), a corporation organized under the laws of the state of **Indiana** (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is **202B Halls Mill Road, Whitehouse Station, NJ 08889-3454** (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on **February 25, 2025** (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 25th day of February, 2025.

APPLICANT/PRINCIPAL
Patterson Logistics Services, Inc.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
Federal Insurance Company

Surety Company's Representative

Cynthia L. Choren, Attorney-in-fact
print name
NV Non-Resident License No. 221080

SIGNED and SEALED in the presence of:

Witness JoAnn R. Frank

Witness Brittany D. Stuckel

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Delaware corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint

Cynthia L. Choren

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **19th** day of **July, 2024**.

Rupert HD Swindells, Assistant Secretary

Warren Eichhorn, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **19th** day of **July, 2024** before me, a Notary Public of New Jersey, personally came Rupert HD Swindells and Warren Eichhorn, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Rupert HD Swindells and Warren Eichhorn, being by me duly sworn, severally and each for himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

Albert Contursi
NOTARY PUBLIC OF NEW JERSEY
No 50202369
Commission Expires August 22, 2027

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Rupert HD Swindells, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this February 25, 2025

Rupert HD Swindells, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Patterson Logistics Services, Inc. MDEG License # (if applicable):

Physical Address: 7055 Cleveland Road

City: South Bend State: IN Zip: 46628

Mailing Address (if different from physical address): 1031 Mendota Heights Road Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 651-686-1957 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Kevin Middle: Willis Last: Mock

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITI[redacted] Sex: ☑ M ☐ F ☐ X

Mailing Addres[redacted]

City: Berrien Springs State: MI Zip[redacted]

Telephon[redacted] Email: kevin.mock@pattersondental.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Siena Heights University		09/07-08/08	
Address	**City**	**State**	**Zip**
1247 E Siena Heights Drive	Adrian	MI	49921
Diploma/Degree obtained, if any			
Bachelors in Accounting			

School Name		From - To (MM/YY – MM/YY)	
Lake Michigan College		08/04-05/07	
Address	**City**	**State**	**Zip**
2755 E. Napier Avenue	Benton Harbor	MI	49022
Diploma/Degree obtained, if any			
Associates Degree			

School Name		From - To (MM/YY – MM/YY)	
Southwestern Michigan College		08/95-12/01	
Address	**City**	**State**	**Zip**
58900 Cherry Grove Road	Dowagiac	MI	49047
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Berrien Springs High School		09/91-05/95	
Address	**City**	**State**	**Zip**
201 Sylvester Avenue	Berrien Springs	MI	49103
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/04 - present	[redacted]	Berrien Springs	MI	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			05/22 - present	
Business Address		**City**	**State**	**Zip**
7055 Cleveland Road		South Bend	IN	46628
Phone	**Title**		**Number of Employed Hours**	
574-472-5794	Operations Manager		6000+	
Description of Duties				
Lead and direct all operations. Ensure compliance and adherence to state and federal regulations regarding the receipt, storage, inventory, and shipping of prescription drugs, including controlled substances.				

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			02/14 - 05/22	
Business Address		**City**	**State**	**Zip**
7055 Cleveland Road		South Bend	IN	46628
Phone	**Title**		**Number of Employed Hours**	
574-472-5794	Department Manager		6000+	
Description of Duties				
Trains and develops all employees for an understanding in State and Federal Regulations. Manages and supervises inventory to contain pharmaceutical and controlled substance to achieve 100% cycle count effectiveness each quarter.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

23 May 2025
Date

I, Kevin Mock, **certify that as the MDEG Administrator for**

Patterson Logistics Services, Inc.,

that I (initial that you have read and meet the following requirements):

1. KM Have a high school diploma or its equivalent;
2. KM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. KM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. KM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kevin Mock
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

23 May 2025
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Patterson Logistics Services, Inc.

Pharmacy/Wholesaler License # (if applicable): WH01744

Physical Address: 7055 Cleveland Road

City: South Bend State: IN Zip: 46628

Mailing Address (if different from physical address): 1031 Mendota Heights Road Attn: Regulatory Licensing

City: Saint Paul State: MN Zip: 55120

Telephone: 651.686.1957 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Kevin Middle: Willis Last: Mock

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Berrien Springs State: MI Zip: [redacted]

Telephone: [redacted] Email: kevin.mock@pattersondental.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Siena Heights University			
Address	**City**	**State**	**Zip**
1247 E Siena Heights Drive	Adrian	MI	49921
Diploma/Degree obtained, if any			
Bachelors in Accounting			

School Name		From - To (MM/YY – MM/YY)	
Berrien Springs High School			
Address	**City**	**State**	**Zip**
201 Sylvester Avenue	Berrien Springs	MI	49103
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/04 - present	[redacted]	Berrien Springs	MI	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			05/22 - present	
Business Address		**City**	**State**	**Zip**
7055 Cleveland Road		South Bend	IN	46628
Phone	**Title**		**Number of Employed Hours**	
574-472-5794	Operations Manager		6000+	
Description of Duties				
Lead and direct all operations. Ensure compliance and adherence to state and federal regulations regarding the receipt, storage, inventory, and shipping of prescription drugs, including controlled substances.				

Business Name			From - To (MM/YY – MM/YY)	
Patterson Logistics Services, Inc.			02/14 - 05/22	
Business Address		**City**	**State**	**Zip**
7055 Cleveland Road		South Bend	IN	46628
Phone	**Title**		**Number of Employed Hours**	
574-472-5794	Department Manager		6000+	
Description of Duties				
Trains and develops all employees for an understanding in State and Federal Regulations. Manages and supervises inventory to contain pharmaceutical and controlled substance to achieve 100% cycle count effectiveness each quarter.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

29 APRIL 2025

Date

I, Kevin Mock, **certify that as the designated representative for**

Patterson Logistics Services, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. Kevin I am at least 21 years of age;
3. Kevin I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. Kevin I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. Kevin I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. Kevin I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. Kevin I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kevin Mock
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

29 APRIL 2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kevin Mock

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

29 April 2025

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of St Joseph

I, Kevin Mock, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

29 April 2025

Date

Subscribed and Sworn to before me this 29th day of April 2025

Notary Public Signature

SANA MANSOUR
Notary Public
St Joseph County - State of Indiana
Commission Number NP0760799
My Commission Expires Jan 7, 2033

(Seal)

PATTERSON LOGISTICS

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Patterson Logistics Services, Inc. (PLSI) South Bend, IN – Employee List

Employee Name
Smeltzer, Chad
Lea, Jeffrey Jacob
Sult, Michael
Gorbitz, Emory Joseph
Tomaszewski, William Allen
Meiszberg, Brett
Roach, Clinton Lee
Mock, Kevin W
Kohler, Matthew
Giacherio, David John
Clayton, Brandon A
Wirebaugh, Jeremy D
Poorman, John E
Daly, Peter L
Vantornhout, Jeffrey
Booker, Laura J
Nelson, Lisa
Laurence, Adam A
Ford, Cherie J
Walz, Richard S
Ruess, Andrew Douglas
Barker, Joel A
Robinson, Matthew
Kelly, David A
Robinson, Kenneth Morgan
Treash, Lauren
Jackson, Chance
Lentz, Steven
Marshall, Andrew
Brown, Edward
Howard, Richard W
Kucharski, David
Austin, Nicolas
Williams, Joshua
Cabanaw, Shannon Renee
Green, William Robert
Hawkins, Willie I
Treash, Wendy R
Wirebaugh, Katherine Ann
Kowalski, Catherine Ann
Johnson, Crystal L
Schonbok, Debra
Marvin, Todd
Meyers, McKay

Sniadecki, David
Frisz, Scott J
Page, Jarrell L
Macri, Craig A
Vicsek, Angel J
Mullen, Leaha R
Dampier, Myron D
Taylor, Zachary B
Lopez, Marcos
Luccki, Angela Marie
Lopez, Christopher A
Piekarski, Patrick Michael
Dodge, Jody Ann
Metcalf, Annette
Kalu, Adrian
Kilberts, Alona D
Jacinto, Jack C
Adams, Jeffrey T
Spells, Lekia Mitsha
McLean, Lisa Marie
Lambert, Jason Wade
Wallace, Brittany Colleen
Howard, Ronald
Eiland, Jacquelyn Alexas
Davis, Michael C
Jackson, Johnathan R
Willard-Cantrell, Heidi Marie
Cowham, Blake Alan
Fussell, Tyler Zachary
Walton, Kyle
Clark, Kathleen
Fischer, Timothy
Collier, Nailah A
Smith, Darren M
Jordanek, Adam Joseph
Fischer, Eric
Watchorn, Travis
Austin, Steven
Beaty, Samuel Isaac
Nowicki, Dominic
Crawford, Chykeem
Douglass, Melissa
Williams, George
Fischer, Jennifer
Coy, Jennifer Ann
Kasprzak, Jasmin
Brazier, Sheila

Vivero, Erika
Horvath, Kyle
Hillring, Tracy
Viramontes, Mario
Ortega, Jesus
DeLaurelle, Siyara
Vargas, Oscar
Hix, Jordan
Terrones, Joshua
Martinez, Giselle
Jimenez, Sebastian
Miramontes, Sebastian
Jimenez, Jaime
Maxie, Dalvin Bryant
DeLuna, Isaac
Schmidtke, Aliyah
Causevic, Belmin
Trindade, Adrianna
Anderson, Will
Guzman, Javier
Coria, Andres
Mendoza, Luis
Pacheco, Alexis
Flores, Daniel
Semak, Brandon
Sanchez, Kevin
Johnson, Jonah
Spodnick, Caleb
Geates, Aiden
Petersen, Daniel
Ortega Diaz, Jose
Schmidtke, Evan
Ruiz, Alvaro
Young, Travis
Trancoso, Adrian
Miramontes, Ricardo

13

13A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	■ Nevada ☐ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01236	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Patterson Dental Supply, Inc.

Physical Address: 6555 S Tenaya Way, #100

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): Attn: Regulatory Licensing, 1031 Mendota Heights Road

City: Saint Paul State: MN Zip: 55120

Telephone: 702-731-4267 Website: www.pattersoncompanies.com

Name of Designated Representative (DR): Jessica Jacob

Licensing Company Email: faciltiylicensing@pattersoncompa DR Email: jessie.jacob@pattersondental.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Medical Class I and Medical Class II devices.	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Universities/Research		■ Others: Virtual Wholesaler - No product onsite.

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Kristin L. Dingler

Original Signature (electronic, copies or stamps not accepted)

5/14/2025

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: ADEC
Address: 2601 Crestview Drive City: Newberg State: OR Zip: 97132
Name: Solventum US, LLC
Address: 2510 Conway Avenue, Ste 75-6W City: Maplewood State: MN Zip: 55144
Name: Ivoclar North America
Address: 175 Pineview Drive City: Amherst State: NY Zip: 14228
Name: Sirona Dental Systems, LLC
Address: 13320-B, Ballantyne Corporate Place City: Charlotte State: NC Zip: 28277

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Minnesota
Parent Company (if any): Patterson Dental Holdings, Inc.
Corporation/Organization Name: Patterson Dental Supply, Inc.
Mailing Address: Attn: Regulatory Licensing, 1031 Mendota Heights Road
City: Saint Paul State: MN Zip: 55120
Telephone: 651-686-1957 Email: facilitylicensing@pattersoncompanies.com
Contact Person Name: Kelley Karau

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%2001.01.2024.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Patterson Dental Supply, Inc.

Facility Name

Kristin L. Dietzler

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5-14-2025

Date

Board Use Only	Date Received: 5/19/25	Amount: $1000-cc

Maria Herrera

From: Facility Licensing <facilitylicensing@pattersoncompanies.com>
Sent: Wednesday, May 28, 2025 2:12 PM
To: Maria Herrera
Cc: Karau, Kelley
Subject: RE: Nevada Out-of-State Wholesaler Application-Patterson Dental Supply, Inc.
Attachments: PDSI - Salt Lake City - NV(WS) - WH01542 - MDEG (Mortensen-signed) - CHOW.pdf; PDSI - Roseville - NV(WS) - WH01358 - MDEG (Montoya-signed) - CHOW.pdf; PDSI - Mesa - NV(WS) - WH02259 - MDEG (Tyler-signed) - CHOW.pdf; PDSI - Las Vegas - NV(WS) - WH01236 - MDEG (Jacob-signed) - CHOW.pdf; Patterson - COI - General Liability - Exp 11.01.2025 .pdf; PDSI - Mesa - NV(WS) - WH02259 - MDEG (Tyler-signed) - CHOW.pdf; NV - KO7562019 Las Vegas NV 432.pdf; PDSI - Roseville - NV(WS) - WH01358 - Cara Montoya DR Applic Signed.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Ms. Herrera, in response to your deficiency email below for Patterson Dental Supply, Inc. - please find the following:

For all applications, WH01542 (SLC,UT), WH01358 (Roseville, CA), WH02259 (Mesa, AZ), & WH01236 (Las Vegas, NV)

- The completed MDEG Administrator applications for each of the Licenses identified above.
- A copy of the Patterson Companies, Inc. – COI that covers all subsidiaries of Patterson Companies, Inc.
- Confirming FDA Labeler code for Patterson Dental Supply, Inc. as: Labeler DUNS is: 006962500

WH02259 – Patterson Dental Supply, Inc. – DR Tyler Banks

- An updated Designated Representative application that includes a completed Section 6.

WH01236 – Patterson Dental Supply, Inc. (Las Vegas NV)

- An updated Surety Bond #KO7562019 with required signatures.

WH01358 – Patterson Dental Supply, Inc. (Roseville CA – DR Cara Montoya)

- Please note: The DR application for Cara Montoya has an incorrect email address listed on page 2. Please update email to: cara.montoya@pattersondental.com
- An updated copy of the Designated Rep application for Cara Montoya is attached.

An official website of the United States government Here's how you know

FDA

Current through May 22, 2025

You have searched Finished drug products

Search Results: *'50227'*

Back to Search Page

Showing 1 to 1 of 1 entries (filtered from 14 total entries) Show 50 entr

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Application Number / Monograph ID	Labeler Name	Product N
Mepivacaine	50227-1080-5	30mg/mL	INJECTION, SOLUTION	SUBMUCOSAL	ANDA088387	Patterson Dental Supply, Inc.	50227-108

Previous 1 Next

PATTERSON

1031 Mendota Heights Road
Saint Paul, MN 55120
800.328.5536

Parent Company:	Patterson Dental Holdings, Inc.
Address:	1031 Mendota Heights Road Saint Paul, MN 55120
Ownership:	100%
FEIN:	20-3380268
State of Incorporation:	Minnesota

PATTERSON DENTAL SUPPLY, INC. – Officer List

Corporate Address:	1031 Mendota Heights Road, St. Paul, MN 55120
Phone Number:	651-686-1600
FEIN:	41-1833619
State of Incorporation:	Minnesota - #9C-524 (3/22/1996)

Robert J. Rajalingam	**Chief Executive Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com

Kristin L. Dietzler	**President**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com

Kevin M. Barry	**Chief Financial Officer**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com

Leslie B. Korsh	**Corporate Secretary**
Business Address:	1031 Mendota Heights Road St. Paul, MN 55120
Business Phone:	651-686-1600
Email:	FacilityLicensing@Pattersoncompanies.com

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Patterson Dental Supply, Inc.
Date Filed:	03/22/1996
File Number:	9C-524
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota
This certificate has been issued on:	12/30/2024

Steve Simon
Secretary of State
State of Minnesota

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/04/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA LLC 333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400	**CONTACT NAME:** Marsh | U.S. Operations & Technology **PHONE (A/C, No, Ext):** 866-966-4664 **FAX (A/C, No):** 212-948-5382 **E-MAIL ADDRESS:** Minneapolis.CertRequest@marsh.com	
	INSURER(S) AFFORDING COVERAGE	**NAIC #**
	INSURER A : Starr Indemnity & Liability Company	38318
INSURED Patterson Companies, Inc. and its subsidiaries and affiliates 1031 Mendota Heights Road St. Paul, MN 55120	**INSURER B :** Starr Specialty Insurance Company	16109
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-010950096-01 **REVISION NUMBER:** 4

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			1000100137241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	0
							PERSONAL & ADV INJURY	$	2,000,000
							GENERAL AGGREGATE	$	10,000,000
							PRODUCTS - COMP/OP AGG	$	4,000,000
								$	
A	**AUTOMOBILE LIABILITY**			1000198195241 (AOS)	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$	3,000,000
A	X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			1000198196241 (MA)	11/01/2024	11/01/2025	BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
A	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** CLAIMS-MADE DED X RETENTION $ 25,000			1000589674241	11/01/2024	11/01/2025	EACH OCCURRENCE	$	5,000,000
							AGGREGATE	$	5,000,000
								$	
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N			100 0005556 (AOS)	11/01/2024	11/01/2025	X PER STATUTE OTH-ER		
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A		100 0005558 (FL,MA)	11/01/2024	11/01/2025	E.L. EACH ACCIDENT	$	1,000,000
B	**(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below			100 0005559 (WI)	11/01/2024	11/01/2025	E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
B	Workers Compensation			100 0005557 (AK,AZ,CT,IA,NJ,NY,NC,TX,VT)	11/01/2024	11/01/2025	Limits		See Above

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence only.

CERTIFICATE HOLDER

Patterson Companies, Inc.
1031 Mendota Heights Road
St. Paul, MN 55120

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

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NEVADA STATE BOARD OF PHARMACY
555 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K07562019

Application/License No. WH01236

Patterson Dental Supply Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6555 S. Tenaya Way, Suite 100, Las Vegas, NV 89113 (Address of Applicant/Principal), as PRINCIPAL, and Westchester Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 525 W. Monroe, Chicago, IL 60661 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 1 2006 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal

may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of October, 20 06

APPLICANT/PRINCIPAL
Patterson Dental Supply Inc.

Authorized Representative

SURETY COMPANY
Westchester Fire Insurance Company

Surety Company's Representative

Cynthia L. Hanak, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent 10/3/06
Countersigned for Nevada By
Marsh USA, Inc.
Michele Robertson, Resident Agent

ACKNOWLEDGMENT BY SURETY

STATE OF Missouri }
City of St. Louis } ss.

On this 2nd day of October, 2006, before me personally appeared Cynthia L. Hanak, known to me to be the Attorney-in-Fact of Westchester Fire Insurance Company, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

My Commission Expires: November 15, 2009.

(Seal) KAREN L. ROIDER
NOTARY PUBLIC - NOTARY SEAL
STATE OF MISSOURI, ST. LOUIS CITY
MY COMMISSION EXPIRES 11-15
COMMISSION #05401551

Karen L. Roider
Notary Public in the State of Missouri
City of St. Louis

S-0230/GEEF 2/98

Power of Attorney

324011

WESTCHESTER FIRE INSURANCE COMPANY

1143373

Know all men by these presents: That **WESTCHESTER FIRE INSURANCE COMPANY**, a corporation of the State of New York, having its principal office in the City of Atlanta, Georgia, pursuant to the following Resolution, adopted by the Board of Directors of the said Company on November 8, 1999, to wit:

"RESOLVED, that the following Rules shall govern the execution for the Company of bonds, undertakings, recognizances, contracts and other writings in the nature thereof.

(1) That the President, any Senior Vice President, any Vice President, and Assistant Vice President, or any Attorney-in-Fact, may execute for and on behalf of the Company any and all bonds, undertakings, recognizances, contracts and other writings in the nature thereof, the same to be attested when necessary by the Corporate Secretary, or any Assistant Corporate Secretary, and the seal of the Company affixed thereto; and that the President, any Senior Vice President, any Vice President or any Assistant Vice President may appoint and authorize any other Officer (elected or appointed) of the Company, as Attorneys-In-Fact to so execute or attest to the execution of all such writings on behalf of the Company and to affix the seal of the Company thereto.

(2) Any such writing executed in accordance with these Rules shall be as binding upon the Company in any case as though signed by the President and attested to by the Corporate Secretary.

(3) The signature of the President, or a Senior Vice President, or a Vice President, or an Assistant Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted pursuant to this Resolution, and the signature of a certifying Officer and the seal of the Company may be affixed by facsimile to any certificate of any such power, and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company.

(4) Such other Officers of the Company, and Attorneys-In-Fact shall have authority to certify or verify copies of this Resolution, the By-Laws of the Company, and any affidavit or record of the Company necessary to the discharge of their duties.

(5) The passage of this Resolution does not revoke any earlier authority granted by Resolutions of the Board of Directors."

Does hereby nominate, constitute and appoint PAMELA A. BEELMAN, HEIDI A. NOTHEISEN, CYNTHIA L. HANAK, DEBRA C. SCHNEIDER, JOANN R. FRANK, KAREN L. ROIDER and SANDRA L. HAM all of the City of Saint Louis, State of Missouri, each individually if there be more than one named, its true and lawful attorney-in-fact, to make, execute, seal and deliver on its behalf, and as its act and deed any and all bonds, undertakings, recognizances, contracts and other writings in the nature thereof in penalties not exceeding Ten Million Dollars ($10,000,000) and the execution of such writings in pursuance of these presents shall be as binding upon said Company, as fully and amply as if they had been duly executed and ackowledged by the regularly elected officers of the Company at its principal office.

IN WITNESS WHEREOF, the said Stephen M. Haney, Vice-President, has hereunto subscribed his name and affixed the corporate seal of the said **WESTCHESTER FIRE INSURANCE COMPANY**, this 17th day of March, 2006.

WESTCHESTER FIRE INSURANCE COMPANY

Stephen M. Haney, Vice President

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF PHILADELPHIA ss.

On this 17th day of March, A.D. 2006, before me, a Notary Public of the Commonwealth of Pennsylvania in and for the County of Philadelphia, came Stephen M. Haney, Vice-President of the **WESTCHESTER FIRE INSURANCE COMPANY** to me personally known to be the individual and officer who executed the preceding instrument, and he acknowledged that he executed the same, and that the seal affixed to the preceding instrument is the corporate seal of said Company; that the said corporate seal and his signature were duly affixed by the authority and direction of the said corporation, and that Resolution, adopted by the Board of Directors of said Company, referred to in the preceding instrument, is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Philadelphia the day and year first above written.

NOTARIAL SEAL
Kathleen Tirri, Notary Public
Philadelphia, Philadelphia County
My commission expires September 22, 2007

Notary Public

I, the undersigned Secretary of **WESTCHESTER FIRE INSURANCE COMPANY**, do hereby certify that the original POWER OF ATTORNEY, of which the foregoing is a substantially true and correct copy, is in full force and effect.

In witness whereof, I have hereunto subscribed my name as Secretary, and affixed the corporate seal of the Corporation, this 2nd day of October 2006

George D. Mulligan, Secretary

THIS POWER OF ATTORNEY MAY NOT BE USED TO EXECUTE ANY BOND WITH AN INCEPTION DATE AFTER March 17, 2008

FORM NO. 8905

THIS DOCUMENT LISTS VARIOUS SECURITY FEATURES THAT WILL PROTECT AGAINST COPY COUNTERFEIT AND ALTERATION.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Patterson Dental Supply, Inc. MDEG License # (if applicable): _____

Physical Address: 6555 S Tenaya Way, #100

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): Attn: Regulatory Licensing, 1031 Mendota Heights Road

City: Saint Paul State: MN Zip: 55120

Telephone: 702-731-4267 Website: www.pattersoncompanies.com

Licensing Company Email: facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First: Jessica Middle: Johana Last: Jacob

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Addres: [redacted]

City: Las Vegas State: NV Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Valley View High School		09/1990 - 09/1994	
Address	**City**	**State**	**Zip**
13135 Nason St	Moreno Valley	CA	92555
Diploma/Degree obtained, if any			
Graduated			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2005 - Ongoing	[redacted]	Las Vegas	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Patterson Dental Supply, Inc.			06/2021 - Ongoing	
Business Address		**City**	**State**	**Zip**
6555 S Tenaya Way, #100		Las Vegas	NV	89113
Phone	**Title**		**Number of Employed Hours**	
701-731-4267	TechEdge Services Coordinator		6000+	
Description of Duties				
Manages TechEdge technicians and service order life-cycle, ensuring prompt and effective service scheduling, optimizing operational efficiency. Actively aware of daily operations of wholesaler.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

05/23/2025
Date

I, Jessica Jacob, **certify that as the MDEG Administrator for**

Patterson Dental Supply, Inc.,

that I (initial that you have read and meet the following requirements):

1. _____ Have a high school diploma or its equivalent;
2. _____ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. _____ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. _____ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jessica Jacob

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/23/2025

Date

Board Use Only	Date Received: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Patterson Dental Supply, Inc.

Pharmacy/Wholesaler License # (if applicable) WH01236

Physical Address 6555 S Tenaya Way, #100

City Las Vegas State NV Zip 89113

Mailing Address (if different from physical address) Attn: Regulatory Licensing, 1031 Mendota Heights Road

City Saint Paul State MN Zip 55120

Telephone 702-731-4267 Website www.pattersoncompanies.com

Licensing Company Email facilitylicensing@pattersoncompanies.com

Section 2: Personal Information

First Jessica Middle Johana Last Jacob

Alias(es, nicknames, name changes, etc.) _____

Date of Birt[redacted] SSN or ITI[redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]

City Las Vegas State NV Zip[redacted]

Telephone[redacted] Email jessie.jacob@pattersondental.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Valley View High School		09/1990 - 09/1994	
Address	**City**	**State**	**Zip**
13135 Nason St	Moreno Valley	CA	92555
Diploma/Degree obtained, if any			
Graduated			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2005 - Ongoing	[redacted]	Las Vegas	NV	[redacted]
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Patterson Dental Supply, Inc.			06/2021 - Ongoing	
Business Address		**City**	**State**	**Zip**
6555 S. Tenaya Way, #100		Las Vegas	NV	89113
Phone	**Title**		**Number of Employed Hours**	
701-731-4267	TechEdge Services Coordinator		6000+	
Description of Duties				
Manages TechEdge technicians and service order life-cycle, ensuring prompt and effective service scheduling, optimizing operational efficiency. Actively aware of daily operations of wholesaler.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

04/23/2025
Date

I, Jessica Jacob, **certify that as the designated representative for**

Patterson Dental Supply, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jessica Jacob

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/23/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jessica Jacob

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/23/2025

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Jessica Jacob, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/24/2025

Date

Subscribed and Sworn to before me this 24 day of April 2025.

Notary Public Signature

Notary Public - State of Nevada
COUNTY OF CLARK
LILITH LAUZURICA
(Seal)
My Appointment Expires
No. 25-1330-01 FEBRUARY 17, 2029

PATTERSON DENTAL

1031 Mendota Heights Road

Saint Paul, MN 55120

Patterson Dental Supply, Inc.
Las Vegas NV – Employee List

Legal Name
Kankelborg, Ryan J
Aird, John R
Castro, Vincent J
Jacob, Jessica Johana
Johnson, Justin Paul
Mays, Stanley Calvin
Lamoure, Jennifer A
Winfield, Kirsten
Tipper, Kyle
Grelecki, Michael

14

14A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician IN TRAINING (PTT) Application

Non-Refundable $50 fee

Rev (03/16/2023)

4

Section 1: General Information

First: Baylee Middle: [redacted] Ann Last: Watkins

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]

City: Elko State: NV Zip: 89801

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you are enrolled in a PT school or training program.) NAC 639.258

Program/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Signature of Program Director: _____

Section 3: Employment Information

Pharmacy Name: Albertsons Pharmacy License #: PH04404

Address: 2582 Idaho St

City: Elko State: NV Zip: 89801

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?	X	
2. Are you a high school graduate or the equivalent?	X	

High School Name: Penn Foster High School Graduation Date OR Date GED obtained (mm/yy): 07/24

Address: 3133 W Frye Rd Suite 215

City: Chandler State: AZ Zip: 85226

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	X	

Section 7: Personal and Professional History		
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: WARNING **You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.**	Initials BW	
	Yes	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	X	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		X
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
7/23/23	8/5/24	WV	Elko	Elko
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
[redacted]		Elko district Court		
Reason/Charge		Possess schedule I or II controlled substance less than 14 grams		
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below: On July 23.2023 at 9:34pm a routine Traffic Stopped occured. The driver got arressted for not having a valid drivers license. I also did not hold a valid license so they began towing process. during the process they did an inventory search of the vehicle. While they searched they found psilocybin mushrooms. Since the car was in my name I had plead guilty even though they were the drivers.

Bayle Mattis
Original Signature (electronic, copies or stamps not accepted)

7/15/2025
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/10/2023	7/18/2025	NV	~~EL~~ Elko	Elko
Case # [redacted]		Governing, licensing, Arresting Presiding Body/Agency/Court: Elko Justice municipal		
Reason/Charge: Driving under the influence. Minor in possession of Alcohol				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below: On nov 11th I was driving under the influence and got stopped for failure to maintain straight line. Its still in process but on July 18th 2025 I will be pleading guilty. provided they wont cancel.

Original Signature (electronic, copies or stamps not accepted)

7/15/2025
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician in training who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Baylee Watkins
Print Name

Baylee Watkins
Original Signature (electronic, copies or stamps not accepted)

7/15/2025
Date

Board Use Only	Date Received: 8/28/25	Amount: $50-MD19-7703941577

FILED

2025 AUG 19 AM 10:58

4TH JUDICIAL DISTRICT COURT

CLERK ____ DEPUTY

Case No. [redacted]

Dept. No. 2

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT

OF THE STATE OF NEVADA, IN AND FOR THE COUNTY OF ELKO

STATE OF NEVADA,

Plaintiff,

vs.

BAYLEE ANN WATKINS,

Defendant.

/

ORDER FOR DISCHARGE AND DISMISSAL

ORDER SEALING RECORDS

On May 20, 2024, the court accepted Defendant Baylee Ann Watkins's plea of guilty to one count conspiracy to commit possession of a controlled substance, a gross misdemeanor. The court subsequently entered its order deferring judgment and placed Defendant on probation for a period of 12 months.

On July 11, 2025, the Division of Parole and Probation filed a petition to dismiss the proceedings against Defendant, discharge Defendant from probation, and set aside Defendant's "conviction."

On August, 18, 2025, the court held a hearing on the petition. At the conclusion of the hearing, the court stated it would enter orders honorably discharging Defendant from probation and dismissing this action. The court will also seal all records of this action. *See* NRS 176.211(6).

Therefore, the court enters the following orders:

1. Defendant Baylee Ann Watkins is honorably discharged from probation.
2. These proceedings are dismissed.
3. All records of this action are sealed.

DATED this 18 day of August, 2025.

The Honorable Alvin R. Kacin
District Judge/Department 2

CERTIFICATE OF SERVICE

Pursuant to Nev. R. Civ. P. 5(b), I certify that I am an employee of Alvin R. Kacin, District Judge, Fourth Judicial District Court, Department 2, and that on this 19 day of August, 2025, served by the following method of service:

(X) Regular US Mail	( ) Overnight UPS
( ) Certified US Mail	( ) Overnight Federal Express
( ) Registered US Mail	( ) Email
( ) Overnight US Mail	( ) Hand Delivery
( ) Personal Service	(X) Box in Clerk's Office

a true copy of the foregoing document addressed to:

Elko County District Attorney's Office
[Box in Clerk's Office]

Baylee Watkins
[redacted]
Elko, NV [redacted]
[Regular US Mail]

Division of Parole and Probation
[Box in Clerk's Office]

Maritza Martinez
(Name)

(Signature)

CASE SUMMARY

CRIMINAL

CASE NO. JCM-23-6246

THE STATE OF NEVADA Vs. BAYLEE ANN WATKINS

Location:	Justice
Judicial Officer:	Drake, Bryan
Filed on:	11/10/2023
Elko County District	M-23-02026
Attorney's Office:	
Elko County Jail:	23EL01577
Elko County Sheriff's Office:	23EL20505
Elko Justice Court:	23-6246

CASE INFORMATION

Case Type: **Misdemeanor**

Case Status: **07/18/2025 Post Disposition**

Offense	Statute	Deg	Date
Jurisdiction: **Elko County**			
1. DUI, (1ST)	484C.110	M	11/10/2023
PCN: NVELSO04014050C ACN: 23EL01577			
BAC Status:			
BAC Level: 0.00			
Arrest: 11/10/2023 EC-SO - Elko County Sheriff's Office			
2. MINOR IN POSS ALC BEV IN PUBLIC	202.020.2	M	11/10/2023
PCN: NVELSO04014050C ACN: 23EL01577			
Arrest: 11/10/2023 EC-SO - Elko County Sheriff's Office			
3. DRIVE W/REV DRV-LIC FOR DUI	483.560.2	M	11/10/2023
PCN: NVELSO04014050C ACN: 23EL01577			
Arrest: 11/10/2023 EC-SO - Elko County Sheriff's Office			
3. FAIL MAINTAIN/IMPROP LANE CHG/USE SIGNAL	484B.223.1	M	11/10/2023
PCN: NVELSO04014050C			
4. DRIVE W/O DRV-LIC	483.550	M	11/10/2023
PCN: NVELSO04014050C			

Statistical Closures

07/18/2025 Guilty Plea with Sentence (before trial)

Bonds

Surety Bond #FCS5-2672153 $2,115.00
11/14/2023 Surety Bond Posted
07/18/2025 Exonerated
Counts: 1, 2, 3

DATE — CASE ASSIGNMENT

Current Case Assignment

Case Number	[redacted]
Court	Justice
Date Assigned	11/10/2023 12:52 PM
Judicial Officer	Drake, Bryan

PARTY INFORMATION

Plaintiff **THE STATE OF NEVADA**

Fick, Walter F.
Retained

Defendant **WATKINS, BAYLEE ANN**
** *Confidential Address* **

ARESHENKO, RAY
Court Appointed
775-300-7594(W)

DATE — EVENTS & ORDERS OF THE COURT

EVENTS

15

15A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway. Suite 206 - Reno. NV 89521 - (775) 850-1440

Pharmaceutical Technician IN TRAINING (PTT) Application

Non-Refundable $50 fee

Rev (03/16/2023)

4

Section 1: General Information

First: ROMEO Middle: GUALBERTO Last: VALDEZ JR

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you are enrolled in a PT school or training program.) NAC 639.258

Program/School Name:

Address:

City: State: Zip:

Name of Program Director:

Signature of Program Director:

Section 3: Employment Information

Pharmacy Name: ASPN PHARMACIES 4 LLC License #: PH04604

Address: 1250 S. BUFFALO DR.

City: LAS VEGAS State: NV Zip: 89117

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?	X	
2. Are you a high school graduate or the equivalent?	X	

High School Name: ROOSEVELT HIGHSCHOOL Graduation Date OR Date GED obtained (mm/yy): 3/19/95

Address: 504 J.P. RIZAL ST. MARIKINA 1800

City: METRO MANILA, PHILIPPINES State: — Zip: —

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 7: Personal and Professional History		
Before answering the questions below, please INITIAL to the right to attest you have read and understand the following: WARNING You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.	**Initials** RV	
	Yes	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	X	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		X
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
1998	1999	CA	SAN JOSE	SANTA CLARA
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge POSSESSION OF DRUGS				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

BACK IN 1998 WHEN I WAS 22 YEARS OLD. I WAS ARRESTED FOR POSSESSION. I ATTENDED N/A MEETINGS AND COMPLETED THE MEETINGS AND REDUCED TO A MISDEMEANOR. THIS WAS DISMISSED BEING THAT I COMPLETED THE MEETINGS. THE THING IS I DO NOT HAVE ANY DOCUMENTS INREGARDS TO THIS CASE, CAUSE IT HAS BEEN MANY YEARS. I APOLIGIZE FOR THE INCONVENANCE.

ROMEO VALDEZ JR.

Original Signature (electronic, copies or stamps not accepted)

8/4/25
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician in training who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

ROMEO G. VALDEZ JR

Print Name

Original Signature (electronic, copies or stamps not accepted)

8/4/25

Date

Board Use Only	Date Received: 8/7/25	Amount: $50 CK 1843

15B

Steven Mayo Cruz

No Appearance Required

Already Licensed

16

16A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (01/05/2023)

(This application cannot be used by PA's or APRN's)

[redacted]

Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)

☐ Schedule I ☑ Schedule II ☑ Schedule III ☑ Schedule IV ☑ Schedule V

Section 1: Personal Information

First: GLENN Middle: DAVIS Last: PARK

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Home Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Degree: DVM Practitioner License #: 743-A Specialty: N/A

(You MUST have a current and active practice license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): HAVEN ANIMAL HOSPITAL

Practice Address: 7775 S. RAINBOW BLVD Suite #: 160

City: LAS VEGAS State: NV Zip: 89139

Telephone: (702) 260-6260 Fax: Email:

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
9/11/2006	10/19/2007	NV.	LAS VEGAS	CLARK

Case #: Consent Decree

Governing, licensing, Arresting Presiding Body/Agency/Court: Nevada State Board of Veterinary Medical Examiners

Reason/Charge: Negligence

Plaintiff/Defendant/Claimant/Respondent:

Lawsuit/Arbitration/Bankruptcy:

Name of Business/Industry/Entity:

Provide explanation below:

On 10/19/2007 I signed off on the Consent Decree from the Board which resulted in a suspension of my license to practice for 30 days as well as being on probation for 3 years.-

[redacted]

[redacted]

Original Signature (electronic, copies or stamps not accepted)

8/14/2025

Date

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____ **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/2012	3/8/2013	NV	LAS VEGAS	CLARK
Case #	**Governing, licensing, Arresting Presiding Body/Agency/Court**			
PSOI-103012-743	Nevada State Board of Veterinary Medical Examiners			
Reason/Charge				
Violation of NRS 638.140 and NAC 638.057				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below:

On 3/8/2013 I received a letter of Reprimand from the Board and was fined $400 for violating regulations regarding the performance of certain acts by licensed personnel.

[redacted]

Original Signature (electronic, copies or stamps not accepted)

8/14/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

GLENN PARK — 8/14/2025

Print Name (First, Last) — Date

[redacted] — 8/14/2025

Original Signature (electronic, copies or stamps not accepted) — Date

Board Use Only: Date Processed: [redacted] Amount: [redacted]

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

APPLICATION FOR VETERINARIAN AUTHORITY TO DISPENSE DRUGS

Non-Refundable $150 fee

Rev (06/09/2021)

What types of drug(s) will you be dispensing?

☑ Dangerous Drugs AND Controlled Substances

☐ Dangerous Drugs ONLY

Section 1: Personal Information

First: GLENN Middle: DAVIS Last: PARK

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Home Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Degree: DVM Practitioner License #: 743-A

(You MUST have a current and active license with your respective BOARD to apply for and maintain a dispensing registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): HAVEN ANIMAL HOSPITAL

Practice Address: 7775 S. RAINBOW BLVD. Suite #: 160

City: LAS VEGAS State: NV Zip: 89139

Telephone: (702) 260-6260 Fax: _____ Email: _____

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 4: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
CONSENT DECREE	NEVADA	10/19/2007	

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

GLENN PARK

Print Name (First Last)

[redacted]

Original Signature (electronic, copies or stamps not accepted)

8/14/2025

Date

Board Use Only Received: [redacted] Amount: [redacted]

Nevada State Board of Pharmacy

To Whom It May Concern,

As required by the applications for Veterinary Authority to Dispense Drugs (Section 4) and the Controlled Substance Application (Section 5) I am providing an explanation for answering Yes under the Personal and Professional History portions.

I entered into consent decree on Oct. 19th 2007 with the Nevada State Board of Veterinary Examiners.

(See copy of Decree)

On March 13th 2013 a Public Letter of Reprimand was issued regarding case # PS01-103012-743/H262.

(See copy of Letter)

[redacted]

Glenn Park DVM

8/14/2025

STATE OF NEVADA

BOARD OF VETERINARY MEDICAL EXAMINERS
4600 KIETZKE LANE, BUILDING O-265
RENO, NEVADA 89502
PHONE 775 688-1788/FAX 775 688-1808
VETBDINFO@VETBOARD.NV.GOV
WWW.NVVETBOARD.US

PUBLIC LETTER OF REPRIMAND REGARDING:

GLENN PARK, DVM
License #743
&
COURTYARD ANIMAL HOSPITAL
License #H262
Case # PS01-103012-743/H262

The Nevada Board of Veterinary Medical Examiners filed on its own behalf a complaint against Glenn Park, DVM and Courtyard Animal Hospital for concerns raised as a result of a routine inspection conducted by the Board's inspector in October 2012. In the course of a routine facility inspection of Courtyard Animal Hospital, the Board's inspector twice observed the veterinarian on duty, Dr. Park, direct an unlicensed employee of the hospital to insert an intravenous catheter, a duty that is reserve to and must be performed by a licensed veterinary technician. When the issue was raised with Dr. Park, he admitted that the violations had occurred.

The Nevada Board of Veterinary Medical Examiners finds this conduct to be in violation of applicable Nevada law. In particular, the Board finds that the above-described acts violated Nevada Revised Statutes (NRS) 638.140(1) (Violation of Regulation) and Nevada Administrative Code (NAC) 638.057(1)(e) and (2) (Veterinarian Responsible for Assuring Licensed Personnel Perform Certain Acts) in that Dr. Park and Courtyard Animal Hospital directed and authorized unlicensed personnel to twice place intravenous catheters in the presence of a Board inspector where the placing of intravenous catheters is a duty reserved to licensed veterinary technicians.

Should the Letter of Reprimand be rejected by the Board it is agreed that presentation to and consideration by the Board of such proposed Letter of Reprimand or other documents or matters pertaining to the consideration of this Letter of Reprimand, shall not unfairly or illegally prejudice the Board, or any of its members, from further participation, consideration,

adjudication, or resolution of these proceedings, and that no Board member shall be disqualified or challenged for bias. If it is accepted by the Board, the Letter of Reprimand becomes a public document and will be reported to the National Veterinary Disciplinary Database of the American Association of Veterinary State Boards (AAVSB).

Through the signatures below, Dr. Park and Courtyard Animal Hospital each agree that this conduct is a violation of the statutes and regulations detailed above. As a result of this admitted violation and by a majority vote of the members of the Board at its April 2013 meeting, this Public Letter of Reprimand is to be placed in the Licensee's licensing file. As a result of the above stated violation, the Licensee agrees to the following:

1) Dr. Park and Courtyard Animal Hospital will jointly or severally pay attorney fees, investigative costs, and Board costs of $400.00 by check or money order made payable to "Nevada State Board of Veterinary Medical Examiners" which must be received by the Board's office within 30 days of the date of the Board's approval of this Letter of Reprimand.

2) Dr. Park and Courtyard Animal Hospital shall assure that no unlicensed personnel will ever again be directed to, authorized to, or allowed to perform any tasks for which licensure as a licensed veterinary technician or as a licensed veterinarian is required.

3) Failure by either Dr. Park or Courtyard Animal Hospital to comply with any term or condition of this Letter of Reprimand shall result in additional disciplinary action, up to and potentially including suspension or revocation of Dr. Parks' license.

Dated this 8 day of March, 2013.

Glenn Park, DVM & owner of Courtyard Animal Hospital

Dated this 25TH day of April, 2013.

Nevada State Board of Veterinary Medical Examiners

Richard Simmonds, DVM, MS, President

BEFORE THE NEVADA STATE BOARD

OF VETERINARY MEDICAL EXAMINERS

In the Matter of GLENN PARK, DVM License No. 743	)	**CONSENT DECREE**

The NEVADA STATE BOARD OF VETERINARY MEDICAL EXAMINERS (the BOARD), by and through counsel, Catherine Cortez Masto, Attorney General of the State of Nevada, and Keith Marcher, Senior Deputy Attorney General, hereby enters into this Consent Decree with GLENN PARK, DVM (Licensee).

Pursuant to chapter 233B and chapter 638 of the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC), it is hereby stipulated and agreed, by and between the parties in the above-entitled matter, that this matter shall be settled and resolved upon the following terms:

VOLUNTARY WAIVER OF RIGHTS

The Licensee is aware of, understands, and has been advised of the effect of this Consent Decree, which he has carefully read and fully acknowledges. The Licensee has had the opportunity to consult with competent counsel of his choice.

The Licensee has freely and voluntarily entered into the Consent Decree, and he is aware of his rights to contest the charges pending against him. These rights include representation by an attorney at his own expense, the right to a public hearing on any charges or allegations formally filed, the right to confront and cross-examine witnesses called to testify against him, the right to present evidence on his own behalf, the right to testify on his own behalf, the right to obtain any other type of formal judicial review of this matter, and any other rights which may be accorded to him pursuant to Chapter 233B, 622, 622A, and the provisions of Chapter 638 of the NRS and the NAC. All these rights are being voluntarily waived by the

Licensee in exchange for the BOARD'S acceptance of this Consent Decree.

Should the Consent Decree be rejected by the BOARD, it is agreed that presentation to and consideration by the BOARD of such proposed Consent Decree or other documents or matters pertaining to the consideration of this Consent Decree, shall not unfairly or illegally prejudice the BOARD, or any of its members, from further participation, consideration, adjudication or resolution of these proceedings, and that no Board member shall be disqualified or challenged for bias.

In consideration of execution of this Consent Decree, the Licensee for himself, his executors, administrators, successors and assigns, hereby releases and forever discharges the State of Nevada, the Nevada State Board of Veterinary Medical Examiners, the Nevada Attorney General and each of their members, agents, investigators and employees in their individual and representative capacities, from any and all manner of actions, causes of action, suit, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Licensee ever had, now has, may have or claim to have against any or all of the persons or entities named in this paragraph arising out of or by reason of this investigation, this disciplinary action, this Consent Decree or its administration.

JURISDICTION

The Licensee acknowledges that the BOARD has jurisdiction over him and the conduct that has precipitated this Consent Decree. The Licensee acknowledges that the BOARD has the legal power and authority to take disciplinary action if there is any violation of this Consent Decree, or any violation of NRS chapter 638 or NAC chapter 638 that may subject Licensee to a disciplinary proceeding and could result in suspension or revocation of his license issued by the Nevada State Board of Veterinary Medical Examiners.

The Licensee acknowledges that the BOARD shall retain jurisdiction in this case until all conditions have been met to the satisfaction of the BOARD.

PUBLICATION OF CONSENT DECREE

The licensee acknowledges that the Consent Decree shall only become effective after it has been duly executed by both the BOARD and Licensee. The Consent Decree becomes a public document and will be reported to the National Veterinary Disciplinary Database of the American Association of Veterinary State Boards (AAVSB).

STIPULATED FACTS AND CONCLUSIONS OF LAW

The Licensee understands the nature of the allegations under consideration by the BOARD. He acknowledges that the conduct described below constitutes violations of the Nevada Veterinary Practice Act (NRS & NAC 638). He acknowledges that if this matter were to be taken to a disciplinary hearing, the following allegations could be proven and that by acknowledging the same, he is subject to disciplinary action by the BOARD:

1. GLENN PARK, DVM is currently and at the times mentioned herein, licensed as a Doctor of Veterinary Medicine (DVM) in the State of Nevada and is, therefore, subject to the jurisdiction of the Board and the provisions of NRS/NAC 638, NRS/NAC 639, and NRS/NAC 453 and has no other pending complaints filed against his license.

2. On or about May 22, 2007 a consumer complaint was filed involving the Licensee that resulted in a Board investigation.

3. At the conclusion of the investigation, it was determined that the following occurred:

a. On or about September 11, 2006 "Duke" was taken to Courtyard Animal Hospital to be neutered, given vaccinations and to have his ears checked. While staff was attempting to muzzle the dog one of the staff members was bitten on the right forearm.

b. Dr. Park stepped in to control the dog using excessive and unnecessary force in restraining the biting animal causing distress to the dog. This conduct is a violation of NAC 638.045 (2), negligence.

4. The foregoing facts constitute grounds for initiating disciplinary action pursuant to NRS 638.140.

5. That pursuant to NRS 638.147, if the Board determines that any applicant for a license or any person licensed pursuant to this chapter has committed any of the acts, which are grounds for disciplinary action, the board may:

a. Refuse to issue a license.
b. Refuse to renew a license.
c. Revoke a license.
d. Suspend a license for a definite period or until further order of the board.
e. Impose a fine in an amount not to exceed $10,000 for each act which constitutes a ground for disciplinary action.
f. Place a licensee on probation subject to any reasonable conditions imposed by the board, including requiring courses in continuing education or a periodic or continuous review of his practice.
g. Administer a public or private reprimand.
h. Limit the practice of the licensee to specified branches of veterinary medicine.
i. Require the licensee to take a competency examination or a mental or physical examination.

STIPULATED ADJUDICATION

IT IS HEREBY ORDERED, ADJUDGED AND DECREED BY THE BOARD as follows:

1) Licensee's veterinary license #743 is placed on probation for a period of three (3) years beginning at the effective date of this Order.

The terms and conditions of the probation shall be as follows:

a. Licensee's veterinary license #743 is suspended from the practice of veterinary medicine for a period of thirty (30) days. The suspension will commence no later than January 15, 2008. If the Licensee commences his suspension sooner than January 15, 2008, he shall notify the Board office, and his suspension shall start upon such notification.

b. The Licensee shall be evaluated by a licensed professional and participate in

stress and anger management therapy or any other treatment regime for a period of time that is at the discretion of the treating Practitioner. The individual that evaluates Dr. Park shall submit a report of his clinical findings, analysis, and evaluation directly to the Board's office. The report shall be privileged communications pursuant to NRS 638.142 (4).

c. The Licensee shall pay investigative costs to the Board in the amount of $1000.00. The costs are due and payable within 30 days of the effective date of this Order.

d. Licensee shall meet with the Board or its representatives upon request and shall cooperate with representatives in their supervision and/or investigation of compliance with terms and conditions of this Order.

VIOLATION OF TERMS OF CONSENT DECREE

The Licensee understands that the BOARD may proceed with disciplinary action for a limited purpose of establishing that there has, in fact, been a violation of the terms of this Consent Decree. If such a hearing results in the findings of a violation of this Consent Decree, the BOARD may impose any penalty upon the Licensee authorized by NRS 638.147, including but not limited to suspension or revocation of his license to practice veterinary medicine in the State of Nevada.

EFFECT OF COMPLETE AGREEMENT

1. Licensee enters into this Consent Decree voluntarily after being fully advised of his rights and as to the consequences of this Consent Decree.

2. This Consent Decree consists of 6 (six) pages, and embodies the entire agreement reached between The BOARD and Licensee. It may not be altered, amended, or modified without the express consent of the parties.

DATED this 19th day of October, 2007.

By: _____
GLENN PARK, DVM

CATHERINE CORTEZ MASTO
Attorney General

By: _____
KEITH MARCHER
Senior Deputy Attorney General
Counsel to the Nevada State Board of Veterinary Medical Examiners

ORDER

By a majority vote on October 18-19, 2007 the Nevada State Board of Veterinary Medical Examiners approved and adopted the terms and conditions set forth in the attached Consent Decree with GLENN PARK, DVM.

IT IS HEREBY ORDERED AND MADE EFFECTIVE.

DATED this 22 day of Oct., 2007.

NEVADA STATE BOARD
OF VETERINARY MEDICAL EXAMINERS

By: _____
CHRISTOPHER YACH, DVM
President

Glenn Park

Legal First Name: Glenn

Legal Last Name: Park

Previous or Other Name(s):

Licenses

License Number	License Category	License Status	Initial Licensure Date	License Expiry Date
0743-A	Veterinarian	Active	Jul-06-1989	Jun-30-2027

Notices, Restrictions and Findings

Type	Effective Date	Summary	Completion Date	Attachments
Disciplinary Finding	Oct-22-2007	File Number: PS01-052207	N/A	Park CD 10-22-2007.pdf
Disciplinary Finding	Apr-25-2013	File Number: PS01-103012-743	N/A	Park LOR PS01-103012-743.pdf

Places of Work

Name	Street Address	City	Postal Code	Start Date	End Date
Haven Animal Hospital	7775 S. Rainbow Blvd., Ste 160	Las Vegas	89139	Aug-01-2025	N/A

16B

[redacted]

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 85

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (01/05/2023)

(This application cannot be used by PA's or APRN's)

Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)

☐ Schedule I ☑ Schedule II ☑ Schedule III ☑ Schedule IV ☑ Schedule V

Section 1: Personal Information

First: Jay Middle: Kevin Last: Selznick

Date of Birth: [redacted] SSN or ITIN [redacted] Sex: ☑ M ☐ F ☐ X

Home Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Degree: D.M.D., M.D. Practitioner License #: S2-22 Specialty: Oral & Maxillofacial Surgery

(You MUST have a current and active practice license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Southern Nevada Oral & Maxillofacial Surgery

Practice Address: 8350 W. Sahara Ave. Suite #: 190

City: Las Vegas State: NV Zip: 89117

Telephone: 702-436-9090 Fax: 702 436-3535 Email: [redacted]

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✔	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/03/2003	10/03/2003	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
U.S.A. v. Jay K. Selznick	US DOJ

Reason/Charge
Filing a false tax return - 2003

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
U.S.A.	

Name of Business/Industry/Entity
Jay K. Selznick

Provide explanation below:

I plead guilty to one count for filing a false tax return.

[redacted]

Original signature (electronic, copies or stamps not accepted)

08/03/2025

Date

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✔	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/15/2005	12/15/2008	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
05-1069	Nevada State Board of Dental Examiners

Reason/Charge
Informed consent for dental extraction

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NSBDE	

Name of Business/Industry/Entity
Jay K. Selznick, D.M.D., M.D.

Provide explanation below:

Probation for 3 years for informed consent. Completed successfuly.

[redacted]

Original Signature (electronic, copies or stamps not accepted)

08/03/2025

Date

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✔	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
05/22/2007	05/22/2008	NY	New York	New York County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
23000	NYS Education Department

Reason/Charge
Professional Misconduct - Willfully filing a false tax return 2003

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NYS	

Name of Business/Industry/Entity
Jay K. Selznick, D.M.D., M.D.

Provide explanation below:

Probation for 1 year.

[redacted]

Original Signature (electronic, copies or stamps not accepted)

08/03/2025

Date

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✔	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
01/22/2016	01/22/2017	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
74127-02801	Nevada State Board of Dental Examiners

Reason/Charge
Dental Implant placement & TMJ treatment

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NSBDE	

Name of Business/Industry/Entity
Jay K. Selznick, D.M.D., M.D.

Provide explanation below:

Probation for 1 year. Completed successfuly.

[redacted]

Original Signature (electronic, copies or stamps not accepted)

08/03/2025

Date

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✔	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
05/29/2024	05/29/2025	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
19-043-CS-S	Nevada State Board of Pharmacy

Reason/Charge
Counts 1-5

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
NSBP	

Name of Business/Industry/Entity
Jay Selznick, D.M.D., M.D.

Provide explanation below:

[redacted]

Original Signature (electronic, copies or stamps not accepted)

03/03/2025

Date

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✔	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
01/23/2025	07/01/2025	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
24-67 Docket # DEA	DOJ DEA

Reason/Charge
Offer to surrender Federal DEA BS2945523 for not answering question 3 with a YES.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
DOJ DEA	

Name of Business/Industry/Entity
Jay K. Selznick, D.M.D., M.D.

Provide explanation below:

Voluntary surrender.

[redacted]

Original Signature (electronic, copies or stamps not accepted)

08/03/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jay Selznick — Print Name (First, Last)

08/03/2025 — Date

[redacted] — Original Signature (electronic, copies or stamps not accepted)

08/03/2025 — Date

Board Use Only: Date Processed: [redacted] Amount: [redacted]

Hunt, John A.

From:	Hunt, John A.
Sent:	Wednesday, August 13, 2025 4:05 PM
To:	Brett Kandt; Gregory Zunino; David Wuest
Cc:	Wuester, Jr., Bert E.
Subject:	Application of Dr. Jay Selnick
Attachments:	Exhibit 1 thru 4 to Email dated August 13, 2025(283227594.1).pdf

Gentlemen:

Hope all is well. As you are aware our firm represents the interests of Dr. Jay Selznick. Please find attached correspondence supplementing Dr. Selznick's Controlled Substance application **Exhibit #1**. This email with the referenced exhibits is also be sent by regular mail.

If you will recall on January 30 January 30, 2025, I sent an email (Attached, **Exhibit #2**) with attachments which provided notice of Dr. Selznick's entering into a *Memorandum of Agreement* executed on January 22-23, 2025 (Attached **Exhibit #3**) with the United State Department of Justice, Drug Enforcement Administration ("Agreement").

My January 30, 2025, my email also included a copy of a "To Whom It May Concern" letter, wherein it noted Dr. Selznick, in part, had agreed to surrender DEA COR No. B52945523, within one business day of executing the Agreement and he further agreed to not apply for a new DEA COR earlier than July 1, 2025. Id., ¶¶17, 18 at pg. 3, **Exhibit #3**. In addition, in the event that a DEA COR is approved for Dr. Selznick on or after July 1, 2025, he agreed to enter into the terms listed at ¶19.a., b. and c. **Exhibit #3** for a twelve (12) month period as part of the issuance of the new registration.

As to the background and underlying matter which led up to the Agreement, an Order to Show Cause ("OSC") was issued against Dr. Selznick on August 26, 2024. See Agreement, ¶12, **Exhibit #3**.In pertinent part, the OSC alleged that Dr. Selznick failed to disclose on his January 2019 and January 2022 renewal applications for registration the fact that on or about January 22, 2016, the Nevada State Board of Dental Examiners placed Dr. Selznick's license on probation for one year ("2016 Nevada Dental Board Matter").

As was addressed in the underlying OSC action (which culminated in the Agreement), Dr. Selznick addressed his belief the DEA had had information about the 2016 Nevada Dental Board Matter prior to his January 2019 and January 2022 renewal applications for registration. Dr. Selznick acknowledges and recognizes that he is required to disclosure on each and every renewal application the 2016 Nevada Dental Board Matter and any other matters consistent with the renewal application's liability questions. Dr. Selznick recognizes his errors – which were unintentional and not meant to mislead or deceive -- and, as addressed in the Agreement, has taken reasonability for same.

Following on the above-referenced notification, Brett sent a January 30, 2025, letter (Attached, **Exhibit #4**) to Dr. Selznick which advised as a result of Dr. Selznick's surrender of his DEA Registration No. BS2945523, his Certificate of Registration No. CS07913 is immediately suspended, pursuant to NRS 639.2107.

As noted above, the Agreement provides that Dr. Selznick would not apply for a new DEA COR earlier than July 1, 2025. Before he can do that, he must first make application for a Nevada Certificate of Registration for controlled substances. I am advised that Dr. Selznick sent via FedEx on or about August 3, 2023, his Controlled Substance Application to the Nevada State Board of Pharmacy (the "Board").

The attached letter **Exhibit #1** and its attachments are sent as a supplement to Dr. Selznick's Controlled Substance Application. More specifically, please find accompanying this letter the following two

(2) separate page "3 of 5" from the Controlled Substance Application. They address two (2) matters with the Nevada Pharmacy Board:

1. The Stipulation and Order filed May 9, 2024, with the Nevada State Board of Pharmacy in Case No. 19-043-CS-S which addressed Dr. Selznick's failure to disclose to the Board the disciplinary order in NSBDE Case No. 74127-2801 on his 2016 biennial renewal application with the Pharmacy Board.

2. 1-30-25 letter from Brett Kandt which advised as a result of Dr. Selznick's surrender of his DEA Registration No. BS2945523, his Certificate of Registration No. CS07913 is immediately suspended, pursuant to NRS 639.2107.

Should you need any additional information and or documentation please call my Direct Line [redacted] or my cell [redacted]

Thank you in advance for your anticipated cooperation and courtesy.

John A. Hunt
Member
Clark Hill PLC
1700 S. Pavilion Center Drive, Ste. 500, Las Vegas, NV 89135
+1 702.697.7512 (office) | +1 702.778.9709 (fax)
[redacted] | www.clarkhill.com

EXHIBIT 1

EXHIBIT 1

EXHIBIT 1

CLARK HILL

Clark Hill PLC
1700 S. Pavilion Center Drive
Suite 500
Las Vegas, NV 89135
T (702) 862-8300
F (702) 862-8400

clarkhill.com

John A. Hunt
[redacted]

August 13, 2025

Via U.S. Regular Mail & Email
Greg Zunino, Esq. – [redacted]
Brett Kandt, Esq. - [redacted]
J. David Wuest, R.Ph. - [redacted]

J. David Wuest, R. Ph., Executive Secretary
Greg Zunino, Esq.
Brett Kandt, Esq.
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

Re: Jay K. Selznick, DMD, MD
Supplement to Controlled Substance Application

Messrs. Wuest, Kandt & Zunino:

As you know, this office represents Jay IK. Selznick, DMD, MD ("Dr. Selznick").

Following discussion with Brett, on January 30, 2025, I sent an email and attachments which were provided as Dr. Selznick's notification of the *Memorandum of Agreement* executed on January 22-23, 2025, in the matter captioned In the Matter of Jay Selznick, D.M.D., M.D. having docket no. 24-76, which he entered into with the United State Department of Justice, Drug Enforcement Administration ("Agreement").

My January 30, 2025, email also included a copy of a "To Whom It May Concern" letter, wherein it noted Dr. Selznick, in part, agreed to surrender DEA COR No. B52945523, within one business day of executing the Agreement and he further agreed to not apply for a new DEA COR earlier than July 1, 2025. Id., ¶¶17, 18 at pg. 3. In addition, in the event that a DEA COR is approved for Dr. Selznick on or after July 1, 2025, he

agreed to enter into the terms listed at ¶19.a., b. and c. for a twelve (12) month period as part of the issuance of the new registration.

As to the background and underlying matter which led up to the Agreement, an Order to Show Cause ("OSC") was issued against Dr. Selznick on August 26, 2024. See Agreement, ¶12. In pertinent part, the OSC alleged that Dr. Selznick failed to disclose on his January 2019 and January 2022 renewal applications for registration the fact that on or about January 22, 2016, the Nevada State Board of Dental Examiners placed Dr. Selznick's license on probation for one year ("2016 Nevada Dental Board Matter").

As was addressed in the underlying OSC action (which culminated in the Agreement), Dr. Selznick addressed his belief the DEA had had information about the 2016 Nevada Dental Board Matter prior to his January 2019 and January 2022 renewal applications for registration. Dr. Selznick acknowledges and recognizes that he is required to disclosure on each and every renewal application the 2016 Nevada Dental Board Matter and any other matters consistent with the renewal application's liability questions. Dr. Selznick recognizes his errors – which were unintentional and not meant to mislead or deceive -- and, as addressed in the Agreement, has taken reasonability for same.

Following on the above-referenced notification, Brett sent a January 30, 2025, letter to Dr. Selznick which advised as a result of Dr. Selznick's surrender of his DEA Registration No. BS2945523, his Certificate of Registration No. CS07913 is immediately suspended, pursuant to NRS 639.2107.

As noted above, the Agreement provides that Dr. Selznick would not apply for a new DEA COR earlier than July 1, 2025. Before he can do that, he must first make application for a Nevada Certificate of Registration for controlled substances. I am advised that Dr. Selznick sent via FedEx on or about August 3, 2023, his Controlled Substance Application to the Nevada State Board of Pharmacy (the "Board").

This letter and its attachments are sent as a supplement to Dr. Selznick's Controlled Substance Application. More specifically, please find accompanying this letter the following two (2) separate page "3 of 5" from the Controlled Substance Application. They address two (2) matters with the Nevada Pharmacy Board:

Re: Jay K. Selznick, DMD, MD
Supplement to Controlled Substance Application

1. The Stipulation and Order filed May 9, 2024, with the Nevada State Board of Pharmacy in Case No. 19-043-CS-S which addressed Dr. Selznick's failure to disclose to the Board the disciplinary order in NSBDE Case No. 74127-2801 on his 2016 biennial renewal application with the Pharmacy Board.

2. 1-30-25 letter from Brett Kandt which advised as a result of Dr. Selznick's surrender of his DEA Registration No. BS2945523, his Certificate of Registration No. CS07913 is immediately suspended, pursuant to NRS 639.2107.

Should you need any additional information and or documentation please call me on my Direct Line [redacted] or my cell [redacted]

Thank you in advance for your anticipated cooperation and courtesy.

Sincerely,

CLARK HILL, PLLC

John A. Hunt, Esq.

Accompanying documents: as stated above.

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✔	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1-2-2024	5-9-2024	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
19-043-CS-S	Nevada State Board of Pharmacy

Reason/Charge
Failing to disclose to the Board the disciplinary order in NSBDE Case No. 74127--2801 on his 2016 biennial renewal appl.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Nevada State Board of Pharmacy vs. Jay K. Selznick, DMD, MD	Stipulation and Order with the Board

Name of Business/Industry/Entity

Provide explanation below:

The Stipulation and Order addressed Respondent's failure to disclose to the Board the disciplinary order in NSBDE Case No. 74127--2801 on his 2016 biennial renewal application for Certificate of Registration No. CS07913..

Respondent has complied with the terms and conditions of the Stipulation and Order, paid the fine and paid the attorney's fees and recoverable costs. The one year probation period has run.

8-13-25

Original Signature (electronic, copies or stamps not accepted) Date

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1-30-25	1-30-25	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
19-043-CS-S	Nevada State Board of Pharmacy

Reason/Charge
Surrender of Respondent's DEA Registration No. BS2945523

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Nevada State Board of Pharmacy vs. Jay K. Selznick, DMD, MD	1-30-25 letter advising of suspension of Reg. CS07913

Name of Business/Industry/Entity

Provide explanation below:

The 1-30-25 letter from Brett Kandt, General Counsel for the Nevada State Board of Pharmacy advised Respondent that as a result of his surrender of his DEA Registration No. BS2945523, his Certificate of Registration No. CS07913 is immediately suspended, pursuant to NRS 639.2107.

8-13-25

Original Signature (electronic, copies or stamps not accepted) Date

EXHIBIT 2

EXHIBIT 2

EXHIBIT 2

Hunt, John A.

From:	Hunt, John A.
Sent:	Thursday, January 30, 2025 1:04 PM
To:	David Wuest; Brett Kandt
Cc:	Wuester, Jr., Bert E.
Subject:	Notic Selznick
Attachments:	DEA_SELZNICK MEMO OF AGR 01_23_2025(280698304.1).pdf; Notice Letter Selznick(280728382.1).pdf

Dave and Brett:

As discussed with Brett, please accept this email and its attachments as Dr. Selznick's notification of the *Memorandum of Agreement* executed on January 22-23, 2025, in the matter captioned In the Matter of Jay Selznick, D.M.D., M.D. having docket no. 24-76, which he entered into with the United State Department of Justice, Drug Enforcement Administration ("Agreement"). See included copy.

As more fully addressed in the attached "To Whom It May Concern" letter, Dr. Selznick, in part, agreed to surrender DEA COR No. B52945523, within one business day of executing the Agreement and he further agreed to not apply for a new DEA COR earlier than July 1, 2025. Id., ¶¶17, 18 at pg. 3. In addition, in the event that a DEA COR is approved for Dr. Selznick on or after July 1, 2025, he agreed to enter into the terms listed at ¶19.a., b. and c. for a twelve (12) month period as part of the issuance of the new registration.

As to the background and underlying matter which led up to the Agreement, an Order to Show Cause ("OSC") was issued against Dr. Selznick on August 26, 2024. See Agreement, ¶12. In pertinent part, the OSC alleged that Dr. Selznick failed to disclose on his January 2019 and January 2022 renewal applications for registration the fact that on or about January 22, 2016, the Nevada State Board of Dental Examiners placed Dr. Selznick's license on probation for one year ("2016 Nevada Dental Board Matter").

As was addressed in the underlying OSC action (which culminated in the Agreement), Dr. Selznick addressed his belief the DEA had had information about the 2016 Nevada Dental Board Matter prior to his January 2019 and January 2022 renewal applications for registration. Dr. Selznick acknowledges and recognizes that he is required to disclosure on each and every renewal application the 2016 Nevada Dental Board Matter and any other matters consistent with the renewal application's liability questions. Dr. Selznick recognizes his errors – which were unintentional and not meant to mislead or deceive -- and, as addressed in the Agreement, has taken reasonability for same.

Again, please accept this e-mail and its attachments as notice of the Agreement. Should you need any additional information and or documentation please contact me by reply e-mail or my Direct Line [redacted] or my cell [redacted]

Thank you.

John A. Hunt
Member
Clark Hill PLC
1700 S. Pavilion Center Drive, Ste. 500, Las Vegas, NV 89135
+1 702.697.7512 (office) | +1 702.778.9709 (fax)
[redacted] | www.clarkhill.com

Clark Hill

John A. Hunt
[redacted]

Clark Hill PLLC
1700 S. Pavilion Center Drive,
Suite 500
T (702) 862-8300
F (702) 778-9709

Re: Licensee/Provider: Jay Selznick, D.M.D., M.D.

Notification regarding a *Memorandum of Agreement* in Docket No. 24-76 with the United State Department of Justice, Drug Enforcement Administration signed on January 22-23, 2025.

To Whom It May Concern:

This office represents Jay Selznick, D.M.D., M.D. ("Dr. Selznick"). This letter is provided as Dr. Selznick's notification of the *Memorandum of Agreement* executed on January 22-23, 2025, in the matter captioned In the Matter of Jay Selznick, D.M.D., M.D. having docket no. 24-76, which he entered into with the United State Department of Justice, Drug Enforcement Administration ("Agreement"). See copy attached hereto as Exhibit I.

Dr. Selznick, in part, agreed to surrender DEA COR No. B52945523, within one business day of executing the Agreement and he further agreed to not apply for a new DEA COR earlier than July 1, 2025. Id., ¶¶17, 18 at pg. 3. In addition, in the event that a DEA COR is approved for Dr. Selznick on or after July 1, 2025, he agreed to enter into the terms listed at ¶19.a., b. and c. for a twelve (12) month period as part of the issuance of the new registration.

As to the background and underlying matter which led up to the Agreement, an Order to Show Cause ("OSC") was issued against Dr. Selznick on August 26, 2024. See Agreement, ¶12. In pertinent part, the OSC alleged that Dr. Selznick failed to disclose on his January 2019 and January 2022 renewal applications for registration the fact that on or about January 22, 2016, the Nevada State Board of Dental Examiners placed Dr. Selznick's license on probation for one year ("2016 Nevada Dental Board Matter").

As was addressed in the underlying OSC action (which culminated in the Agreement), Dr. Selznick addressed his belief the DEA had had information about the 2016 Nevada Dental Board Matter prior to his January 2019 and January 2022 renewal applications for registration. Dr. Selznick acknowledges and recognizes that he is required

Re: Licensee/Provider: Jay Selznick, D.M.D., M.D.

Notification regarding a *Memorandum of Agreement* in Docket No. 24-76 with the United State Department of Justice, Drug Enforcement Administration signed on January 22-23, 2025

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to disclosure on each and every renewal application the 2016 Nevada Dental Board Matter and any other matters consistent with the renewal application's liability questions. Dr. Selznick recognizes his errors – which were unintentional and not meant to mislead or deceive – and, as addressed in the Agreement, has taken responsibility for same.

Should you have any questions or are in need of additional documentation after you have reviewed the above and the accompanying document, please do not hesitate to contact me at the above address, phone number, fax number, or by email at [redacted]

Thank you in advance for your anticipated cooperation and courtesy.

Sincerely,

CLARK HILL, PLLC

John A. Hunt, Esq.

Consent and Approval by Jay Selznick, D.M.D., M.D.

By my signature below, I, Jay Selznick, D.M.D., M.D., hereby provide the recipient permission to speak with, disclose information, and release documents to John A. Hunt, Esq. and/or Clark Hill, PLLC regarding the above-referenced matter and any matter pertaining to my status with the recipient. In addition, by my signature below, I hereby approve of the form and content of the above.

By _____ this 7th day of January, 2025.
Jay Selznick, D.M.D., M.D.

Accompanying document: as stated above.

UNITED STATES DEPARTMENT OF JUSTICE

Drug Enforcement Administration

In the Matter of **Jay Selznick, D.M.D., M.D.**	**Docket No. 24-76**

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement (MOA) by and between the United States Department of Justice, Drug Enforcement Administration (DEA or Government), and Jay Selznick, D.M.D., M.D. (the Respondent), reflects the full and final administrative settlement between DEA and the Respondent involving DEA Certificate of Registration (COR or registration) No. BS2945523.

FINDINGS OF FACT

1. The Respondent is registered with the DEA to handle controlled substances in Schedules II through V under DEA COR number BS2945523. The Respondent's registered address is 8350 W. Sahara Ave., STE 190, Las Vegas, NV 89117. The Respondent's DEA COR expires by its own terms on February 28, 2025.
2. The Respondent is the holder of a State of Nevada specialty dentist license, under License No. S2-22. The Respondent's Nevada specialty dentist license expires by its own terms on June 30, 2025. The Respondent has also been the holder of a State of New York dentistry license, under License No. 043723.
3. The Respondent is also the holder of a State of Nevada controlled substance license, under License Number CS07913. Respondent's Nevada controlled substance license expires by its own terms on October 31, 2026.
4. On or about December 9, 2005, the Nevada State Board of Dental Examiners placed the Respondent's license on probation for three years, due to his failure to disclose malpractice claims, felony conviction, and action taken by another State Board (suspension of his New York dental license for non-payment of fees).
5. On or about May 27, 2007, the New York State Board for Dentistry placed the

Initials

Respondent's license on probation, due to professional misconduct (felony conviction for filing a false tax return).

6. On or about January 22, 2016, the Nevada State Board of Dental Examiners placed the Respondent's license on probation for one year, due to malpractice, unprofessional conduct, and substandard care of patients. Based on the investigation, Respondent wrote prescriptions for controlled substances in excessive amount that it constituted a departure for the prevailing standards of acceptable dental practice.

7. In November 2018 the Respondent submitted an initial application for a DEA registration in New York. On the application, with was later withdrawn, Respondent provided a "No" response to Liability Question 3 (action taken against State license).

8. In November 2018 the Respondent submitted a secondary application for a DEA registration in New York. On the application, which was approved with a MOA, Respondent provided a "Yes" response to Liability Question 3. The Respondent disclosed action taken against his New York dental license. However, he failed to disclose action taken against his Nevada dental license.

9. On September 23, 2019, Respondent executed a Memorandum of Agreement with the DEA, having DEA Control No. W18124503C and File No. C1-19-2174 (hereinafter "2019 MOA"). The 2019 MOA addressed and referenced, in part, the matters referenced and noted above in paragraphs 4, 5, 6, 7, and 8 of this Memorandum of Agreement.

10. From 2007 through 2022, the Respondent submitted renewal applications for registration BS2945523 with DEA. On all applications, which were approved, Respondent provided a "No" response to Liability Question 3. The Respondent's responses were materially false based on the actions taken against his dental licenses (Nevada and New York), which the Respondent was required to disclose.

11. On or about May 9, 2024, the Nevada Board of Pharmacy suspended (stayed) Respondent's controlled substance registration and placed it on probation, due to his failure to disclose the 2016 action taken against his Nevada dental license and the underlying allegations related to controlled substance prescribing.

12. On August 26, 2024, an Order to Show Cause (OSC) was issued against the Respondent and subsequently served (Appendix A). The allegations within the OSC

Initials _____

are hereby incorporated by reference.

13. On September 19, 2024, the Respondent, through counsel, timely filed a Request for Hearing and Answer in response to the OSC to defend the Government's allegations.

14. On or about January 6, 2025, the Respondent submitted a renewal application for registration BS2945523 with DEA. On the application, Respondent provided a "Yes" response to Liability Question 3. Respondent disclosed the action taken against his Nevada licenses. However, Respondent failed to disclose the actions taken against his New York dental license.

STIPULATION AND AGREEMENT

15. The Respondent represents that he has had an opportunity to seek the advice of counsel prior to entering into this MOA and that he has knowledge of the events described herein. The Respondent further represents that this MOA is voluntarily entered to avoid the further costs and uncertainties of litigation and without any degree of duress or compulsion.

16. The Respondent agrees that the above Findings of Fact are true and accurate, acknowledges the above violations, and fully accepts responsibility.

17. The Respondent agrees to surrender DEA COR No. BS2945523, for cause within one business day of executing this agreement. The Respondent and DEA further agree to jointly take any necessary action to terminate the administrative proceedings.

18. The Respondent agrees to not apply for a new DEA COR earlier than July 1, 2025. Upon application for a new DEA COR, the Respondent will be subject to the findings of a pre-registration investigation by the DEA Las Vegas District Office, and DEA will process the application in good faith and in the usual course. The Respondent acknowledges that its application will not be automatically approved and DEA acknowledges that the Respondent's application will not be automatically denied.

19. In the event that a DEA COR is approved for the Respondent on or after July 1, 2025, DEA and the Respondent agree to enter into the terms listed below for a 12-month period as part of the issuance of the new registration consistent with the terms of this document, and further, DEA and the Respondent specifically consent to the following

Initials

terms and conditions within such new MOA:

a. The Respondent shall abide by all federal, state, and local laws and regulations relating to controlled substances. The obligations imposed upon the Respondent pursuant to this MOA shall be in addition to, and not in derogation of, all requirements imposed upon the Registrant pursuant to applicable federal, state, and local laws and regulations.

b. The Respondent acknowledges that on his July 2025 DEA application for registration, he must disclose all information required by the Liability Questions, including, but not necessarily limited to:

- Each separate action (revocation, suspension, limitation, and/or probation) taken against each separate State license (dental, pharmacy, etc.).

c. The Respondent acknowledges that on all subsequent DEA renewal applications for registration, he must disclose any new reportable action taken in the previous three years since his last application.

20. Additionally, with respect to this MOA, the Respondent acknowledges and agrees that breach or violation of any term of this MOA may be grounds to immediately suspend any future DEA COR associated with the Respondent pursuant to 21 U.S.C. § 824(d) and may therefore result in administrative action in DEA's sole discretion. Furthermore, nothing in this MOA shall be construed as a waiver on the part of DEA to utilize any other grounds for revocation or denial of any DEA COR associated with the Respondent, nor shall it be construed as waiver of any defense or reservation of rights by Respondent.

21. The Respondent fully and finally releases DEA, its employees, servants, and agents from any claims (including attorney's fees, costs, and expenses of every kind and however denominated) that it has asserted, could have asserted, or may assert in the future against DEA and its employees, servants, and agents related to the conduct alleged in the OSC and DEA's investigation and prosecution thereof.

22. Nothing in this MOA shall prohibit any agency within the Department of Justice, any state or local entity, or any law enforcement, administrative, or regulatory

Initials

agency of the United States or any state thereof ("law enforcement agency") from initiating or continuing with administrative, legal, civil, or criminal proceedings that may exist with respect to the conduct in the OSC, and DEA shall, as obligated in fulfilling its statutory duties, assist and cooperate with any law enforcement agency that may initiate an investigation, action, or proceedings involving the conduct alleged in the OSC.

23. Nothing in this MOA is intended to address or affect matters or violations not specifically enumerated in this document. Furthermore, nothing in this MOA shall be construed as precluding DEA from referring to, or from relying upon, any of the alleged matters for the purpose of establishing the Respondent's past history or experience in handling controlled substances in the event of a future administrative action.

24. DEA and the Respondent shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this MOA.

25. This MOA constitutes the complete agreement between DEA and the Respondent. All material representations, understandings, and promises of DEA and the Respondent are contained in this MOA, and DEA and the Respondent expressly agree and acknowledge that— other than those statements expressly set forth in this MOA—they are not relying on any statement, whether oral or written, of any person or entity with respect to their entry into this MOA or to the consummation of the transactions contemplated by this MOA. Any modifications to this MOA shall be set forth in writing and signed by DEA and the Respondent.

26. In the event that any one or more of the provisions contained herein shall, for any reason, be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision of this MOA, and this MOA shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

27. Should any applicable legal requirements change and render the obligations of this MOA in violation of applicable law or otherwise unworkable, the Respondent shall be permitted to modify its compliance practices accordingly. Notice of the

Initials

Respondent's changed procedures shall be provided to DEA Los Angeles Field Division.

28. This MOA shall be construed in accordance with the laws of the United States. DEA and the Respondent may seek judicial enforcement of this MOA upon: (1) a material breach by the other; or (2) if either party must seek to declare the rights and other legal relations of any interested party under 28 U.S.C. § 2201. DEA and the Respondent agree that the jurisdiction and venue for any dispute pertaining to this MOA shall be any federal court of competent jurisdiction. This provision, however, shall not be construed as a waiver of the jurisdictional provisions of the Controlled Substances Act, as amended.

29. By executing this MOA, the Respondent agrees to waive all rights to seek judicial review of, to challenge, or to contest the validity of any terms or conditions in this MOA.

30. DEA and the Respondent may disclose this MOA to third parties.

31. This MOA will take effect the date of the last signature and shall remain effective, unless otherwise terminated or modified by a subsequent MOA as contemplated by Paragraph 11 or otherwise, for a period of one year after Respondent receives a new DEA COR, if the Respondent applies for a new DEA COR, and such application is approved.

32. DEA and the Respondent enter into this MOA with the understanding that both parties shall abide by its terms and conditions in good faith.

AUTHORIZATIONS

33. Dr. Selznick is signing this MOA on as the Respondent in this matter. The individuals signing this MOA on behalf of DEA represent and warrant that they do so in their official capacity and that they are authorized by DEA to execute this MOA.

Initials

FOR RESPONDENT:

[redacted]

Jay Selznick, D.M.D., M.D.

[redacted]

Date: 01/22/2025

FOR THE DRUG ENFORCEMENT ADMINISTRATION:

[redacted]

Matthew W. Allen
Special Agent in Charge
Los Angeles Field Division
Drug Enforcement Administration

Date: 1/23/25

MARLON WHITFIELD

Digitally signed by MARLON WHITFIELD
Date: 2025.01.23 10:59:00 -08'00'

Marlon C. Whitfield
Diversion Program Manager
Los Angeles Field Division
Drug Enforcement Administration

Date: _____

Initials _____

EXHIBIT 3

EXHIBIT 3

EXHIBIT 3

UNITED STATES DEPARTMENT OF JUSTICE

Drug Enforcement Administration

In the Matter of	
Jay Selznick, D.M.D., M.D.	**Docket No. 24-76**

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement (MOA) by and between the United States Department of Justice, Drug Enforcement Administration (DEA or Government), and Jay Selznick, D.M.D., M.D. (the Respondent), reflects the full and final administrative settlement between DEA and the Respondent involving DEA Certificate of Registration (COR or registration) No. BS2945523.

FINDINGS OF FACT

1. The Respondent is registered with the DEA to handle controlled substances in Schedules II through V under DEA COR number BS2945523. The Respondent's registered address is 8350 W. Sahara Ave., STE 190, Las Vegas, NV 89117. The Respondent's DEA COR expires by its own terms on February 28, 2025.
2. The Respondent is the holder of a State of Nevada specialty dentist license, under License No. S2-22. The Respondent's Nevada specialty dentist license expires by its own terms on June 30, 2025. The Respondent has also been the holder of a State of New York dentistry license, under License No. 043723.
3. The Respondent is also the holder of a State of Nevada controlled substance license, under License Number CS07913. Respondent's Nevada controlled substance license expires by its own terms on October 31, 2026.
4. On or about December 9, 2005, the Nevada State Board of Dental Examiners placed the Respondent's license on probation for three years, due to his failure to disclose malpractice claims, felony conviction, and action taken by another State Board (suspension of his New York dental license for non-payment of fees).
5. On or about May 27, 2007, the New York State Board for Dentistry placed the

Initials

Respondent's license on probation, due to professional misconduct (felony conviction for filing a false tax return).

6. On or about January 22, 2016, the Nevada State Board of Dental Examiners placed the Respondent's license on probation for one year, due to malpractice, unprofessional conduct, and substandard care of patients. Based on the investigation, Respondent wrote prescriptions for controlled substances in excessive amount that it constituted a departure for the prevailing standards of acceptable dental practice.

7. In November 2018 the Respondent submitted an initial application for a DEA registration in New York. On the application, with was later withdrawn, Respondent provided a "No" response to Liability Question 3 (action taken against State license).

8. In November 2018 the Respondent submitted a secondary application for a DEA registration in New York. On the application, which was approved with a MOA, Respondent provided a "Yes" response to Liability Question 3. The Respondent disclosed action taken against his New York dental license. However, he failed to disclose action taken against his Nevada dental license.

9. On September 23, 2019, Respondent executed a Memorandum of Agreement with the DEA, having DEA Control No. W18124503C and File No. C1-19-2174 (hereinafter "2019 MOA"). The 2019 MOA addressed and referenced, in part, the matters referenced and noted above in paragraphs 4, 5, 6, 7, and 8 of this Memorandum of Agreement.

10. From 2007 through 2022, the Respondent submitted renewal applications for registration BS2945523 with DEA. On all applications, which were approved, Respondent provided a "No" response to Liability Question 3. The Respondent's responses were materially false based on the actions taken against his dental licenses (Nevada and New York), which the Respondent was required to disclose.

11. On or about May 9, 2024, the Nevada Board of Pharmacy suspended (stayed) Respondent's controlled substance registration and placed it on probation, due to his failure to disclose the 2016 action taken against his Nevada dental license and the underlying allegations related to controlled substance prescribing.

12. On August 26, 2024, an Order to Show Cause (OSC) was issued against the Respondent and subsequently served (Appendix A). The allegations within the OSC

Initials _____

are hereby incorporated by reference.

13. On September 19, 2024, the Respondent, through counsel, timely filed a Request for Hearing and Answer in response to the OSC to defend the Government's allegations.

14. On or about January 6, 2025, the Respondent submitted a renewal application for registration BS2945523 with DEA. On the application, Respondent provided a "Yes" response to Liability Question 3. Respondent disclosed the action taken against his Nevada licenses. However, Respondent failed to disclose the actions taken against his New York dental license.

STIPULATION AND AGREEMENT

15. The Respondent represents that he has had an opportunity to seek the advice of counsel prior to entering into this MOA and that he has knowledge of the events described herein. The Respondent further represents that this MOA is voluntarily entered to avoid the further costs and uncertainties of litigation and without any degree of duress or compulsion.

16. The Respondent agrees that the above Findings of Fact are true and accurate, acknowledges the above violations, and fully accepts responsibility.

17. The Respondent agrees to surrender DEA COR No. BS2945523, for cause within one business day of executing this agreement. The Respondent and DEA further agree to jointly take any necessary action to terminate the administrative proceedings.

18. The Respondent agrees to not apply for a new DEA COR earlier than July 1, 2025. Upon application for a new DEA COR, the Respondent will be subject to the findings of a pre-registration investigation by the DEA Las Vegas District Office, and DEA will process the application in good faith and in the usual course. The Respondent acknowledges that its application will not be automatically approved and DEA acknowledges that the Respondent's application will not be automatically denied.

19. In the event that a DEA COR is approved for the Respondent on or after July 1, 2025, DEA and the Respondent agree to enter into the terms listed below for a 12-month period as part of the issuance of the new registration consistent with the terms of this document, and further, DEA and the Respondent specifically consent to the following

Initials

terms and conditions within such new MOA:

a. The Respondent shall abide by all federal, state, and local laws and regulations relating to controlled substances. The obligations imposed upon the Respondent pursuant to this MOA shall be in addition to, and not in derogation of, all requirements imposed upon the Registrant pursuant to applicable federal, state, and local laws and regulations.

b. The Respondent acknowledges that on his July 2025 DEA application for registration, he must disclose all information required by the Liability Questions, including, but not necessarily limited to:

- Each separate action (revocation, suspension, limitation, and/or probation) taken against each separate State license (dental, pharmacy, etc.).

c. The Respondent acknowledges that on all subsequent DEA renewal applications for registration, he must disclose any new reportable action taken in the previous three years since his last application.

20. Additionally, with respect to this MOA, the Respondent acknowledges and agrees that breach or violation of any term of this MOA may be grounds to immediately suspend any future DEA COR associated with the Respondent pursuant to 21 U.S.C. § 824(d) and may therefore result in administrative action in DEA's sole discretion. Furthermore, nothing in this MOA shall be construed as a waiver on the part of DEA to utilize any other grounds for revocation or denial of any DEA COR associated with the Respondent, nor shall it be construed as waiver of any defense or reservation of rights by Respondent.

21. The Respondent fully and finally releases DEA, its employees, servants, and agents from any claims (including attorney's fees, costs, and expenses of every kind and however denominated) that it has asserted, could have asserted, or may assert in the future against DEA and its employees, servants, and agents related to the conduct alleged in the OSC and DEA's investigation and prosecution thereof.

22. Nothing in this MOA shall prohibit any agency within the Department of Justice, any state or local entity, or any law enforcement, administrative, or regulatory

Initials

agency of the United States or any state thereof ("law enforcement agency") from initiating or continuing with administrative, legal, civil, or criminal proceedings that may exist with respect to the conduct in the OSC, and DEA shall, as obligated in fulfilling its statutory duties, assist and cooperate with any law enforcement agency that may initiate an investigation, action, or proceedings involving the conduct alleged in the OSC.

23. Nothing in this MOA is intended to address or affect matters or violations not specifically enumerated in this document. Furthermore, nothing in this MOA shall be construed as precluding DEA from referring to, or from relying upon, any of the alleged matters for the purpose of establishing the Respondent's past history or experience in handling controlled substances in the event of a future administrative action.

24. DEA and the Respondent shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this MOA.

25. This MOA constitutes the complete agreement between DEA and the Respondent. All material representations, understandings, and promises of DEA and the Respondent are contained in this MOA, and DEA and the Respondent expressly agree and acknowledge that— other than those statements expressly set forth in this MOA—they are not relying on any statement, whether oral or written, of any person or entity with respect to their entry into this MOA or to the consummation of the transactions contemplated by this MOA. Any modifications to this MOA shall be set forth in writing and signed by DEA and the Respondent.

26. In the event that any one or more of the provisions contained herein shall, for any reason, be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision of this MOA, and this MOA shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

27. Should any applicable legal requirements change and render the obligations of this MOA in violation of applicable law or otherwise unworkable, the Respondent shall be permitted to modify its compliance practices accordingly. Notice of the

Initials

Respondent's changed procedures shall be provided to DEA Los Angeles Field Division.

28. This MOA shall be construed in accordance with the laws of the United States. DEA and the Respondent may seek judicial enforcement of this MOA upon: (1) a material breach by the other; or (2) if either party must seek to declare the rights and other legal relations of any interested party under 28 U.S.C. § 2201. DEA and the Respondent agree that the jurisdiction and venue for any dispute pertaining to this MOA shall be any federal court of competent jurisdiction. This provision, however, shall not be construed as a waiver of the jurisdictional provisions of the Controlled Substances Act, as amended.

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Initials

FOR RESPONDENT:

[redacted]

Jay Selznick, D.M.D., M.D.

[redacted]

Date: 01/22/2025

FOR THE DRUG ENFORCEMENT ADMINISTRATION:

[redacted]

Matthew W. Allen
Special Agent in Charge
Los Angeles Field Division
Drug Enforcement Administration

Date: 1/23/25

MARLON WHITFIELD

Digitally signed by MARLON WHITFIELD
Date: 2025.01.23 10:59:00 -08'00'

Marlon C. Whitfield
Diversion Program Manager
Los Angeles Field Division
Drug Enforcement Administration

Date: _____

Initials _____

EXHIBIT 4

EXHIBIT 4

EXHIBIT 4

JOE LOMBARDO
Governor

HELEN PARK
President

J. DAVID WUEST
Executive Secretary

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

January 30, 2025

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: [redacted]

Jay K. Selznick, DMD, MD

[redacted]

Re: Notice of Suspension of Registration No. CS07913 (Case No. 19-043-CS-S)

Dear Dr. Selznick

The Nevada State Board of Pharmacy (Board) has been notified that on or about January 23, 2025, you surrendered your DEA Registration No. BS2945523 pursuant to a Memorandum of Agreement with the U.S. Drug Enforcement Administration. Please be advised that pursuant to NRS 639.2107 the surrender of your DEA Registration No. BS2945523 operates as an immediate suspension of your Certificate of Registration No. CS07913 with the Board.

You may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until you petition the Board for reinstatement pursuant to NRS 639.2565 and the Board reinstates your certificate of registration. Your PMP account is also suspended pursuant to NAC 453.078.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0314 1247 10

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action

Full Name :	Selznick, Jay Kevin , DMD, MD
Primary Office Address :	8350 W. Sahara Ave, Suite 190
City, State Zip :	Las Vegas, NV 89117
Office Phone :	(702) 436-9090
License Number :	S2-22
License Date :	08/30/1995
Status :	Active
Expiration Date :	06/30/2027
Graduated From :	
Graduation Date :	05/14/1990

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action

Permits :

Permit	Permit Number	Issue Date	Exp Date
General Anesthesia Site Permit	SPG149	01/27/2009	08/12/2010
General Anesthesia Site Permit	SPG199	09/02/2010	06/30/2011
General Anesthesia Site Permit	SPG21	10/25/1995	08/12/2010
General Anesthesia Administering Permit	GA013	10/25/1995	06/30/2011
General Anesthesia Site Permit	SPG75	11/30/2006	06/30/2011
General Anesthesia Administering Permit	GA013	10/25/1995	06/30/2007
General Anesthesia Site Permit	SPG21	10/25/1995	06/30/2009
General Anesthesia Site Permit	SPG75	11/30/2006	06/30/2009
General Anesthesia Site Permit	SPG20	10/25/1995	01/09/2009
General Anesthesia Administering Permit	GA013	10/25/1995	06/30/2009
General Anesthesia Site Permit	SPG22	10/25/1995	08/25/2006
General Anesthesia Site Permit	SPG75	11/30/2006	06/30/2017
General Anesthesia Site Permit	SPG199	09/02/2010	06/30/2017
General Anesthesia Administering Permit	GA013	10/25/1995	06/30/2017
General Anesthesia Site Permit	SPG290	12/16/2013	06/30/2017
General Anesthesia Site Permit	SPG199	09/02/2010	06/30/2015
General Anesthesia Administering Permit	GA013	10/25/1995	06/30/2015
General Anesthesia Site Permit	SPG75	11/30/2006	06/30/2015
General Anesthesia Site Permit	SPG290	12/16/2013	06/30/2015
General Anesthesia Administering Permit	GA013	10/25/1995	06/30/2013
General Anesthesia Site Permit	SPG75	11/30/2006	06/30/2013
General Anesthesia Site Permit	SPG199	09/02/2010	06/30/2013
General Anesthesia Site Permit	SPG199	09/02/2010	10/21/2018
General Anesthesia Site Permit	SPG290	12/16/2013	10/21/2018
General Anesthesia Site Permit	SPG75	11/30/2006	10/21/2018

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action

Permit	Permit Number	Issue Date	Exp Date
General Anesthesia Administering Permit	GA013	10/25/1995	06/30/2019
General Anesthesia Site Permit (all ages)	SPG290-AA	10/22/2018	06/30/2019
General Anesthesia Site Permit (all ages)	SPG75-AA	10/22/2018	06/30/2019
General Anesthesia Site Permit (all ages)	SPG408-AA	08/29/2018	06/30/2019
General Anesthesia Site Permit (all ages)	SPG199-AA	10/22/2018	06/30/2019
General Anesthesia Administering Permit	GA013	10/25/1995	06/30/2021
General Anesthesia Administering Permit	GA013T		06/30/2021
General Anesthesia Site Permit (all ages)	SPG199-AA	10/22/2018	09/08/2020
General Anesthesia Site Permit (all ages)	SPG290-AA	10/22/2018	06/30/2021
General Anesthesia Site Permit (all ages)	SPG75-AA	10/22/2018	06/30/2021
General Anesthesia Site Permit (all ages)	SPG408-AA	08/29/2018	09/08/2020
General Anesthesia Site Permit (all ages)	SPG467-AA	10/27/2020	06/30/2021
General Anesthesia Administering Permit	GA013	10/25/1995	06/30/2023
General Anesthesia Site Permit (all ages)	SPG290-AA	10/22/2018	06/30/2023
General Anesthesia Site Permit (all ages)	SPG75-AA	10/22/2018	06/30/2023
General Anesthesia Site Permit (all ages)	SPG467-AA	10/27/2020	06/30/2023
General Anesthesia Administering Permit	GA013	10/25/1995	06/30/2025
General Anesthesia Site Permit (all ages)	SPG290-AA	10/22/2018	06/30/2025
General Anesthesia Site Permit (all ages)	SPG467-AA	10/27/2020	06/30/2025
General Anesthesia Site Permit (all ages)	SPG75-AA	10/22/2018	06/30/2025
General Anesthesia Administering Permit	GA013	10/25/1995	06/30/2027
General Anesthesia Site Permit (all ages)	SPG290-AA	10/22/2018	06/30/2027
General Anesthesia Site Permit (all ages)	SPG467-AA	10/27/2020	06/30/2027
General Anesthesia Site Permit (all ages)	SPG75-AA	10/22/2018	06/30/2027

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action

Board Action / Malpractice :

Action Type	Date	Document Link
Board Action	12/15/2005	
Board Action	01/22/2016	

← Close detail

First ()	Previous ()	1 ()	2 ()	3 ()	4 ()	5 ()	Next ()	Last ()

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16C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (01/05/2023)

(This application cannot be used by PA's or APRN's)

[redacted]

Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)

☒ Schedule I ☒ Schedule II ☒ Schedule III ☒ Schedule IV ☒ Schedule V

Section 1: Personal Information

First: Peter Middle: Francis Last: Grimes

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted] Email: [redacted]

Degree: MD Practitioner License #: 28067 Specialty: Emergency Medicine

(You MUST have a current and active practice license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Mike O'Callaghan Military Medical Center

Practice Address: 4700 Las Vegas Blvd Suite #:

City: Las Vegas State: NV Zip: 89191

Telephone: 702-653-2273 Fax: Email:

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

[redacted]

Original Signature (electronic, copies or stamps not accepted)

8/14/2025

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Peter Grimes — 08/14/2025

Print Name (First, Last) — Date

[redacted] — 08/14/2025

Original Signature (electronic, copies or stamps not accepted) — Date

Board Use Only: Date Processed: [redacted] Amount: [redacted]

[redacted]

From: Peter Grimes - MD [redacted]
Sent: [redacted]
To: [redacted]
Subject: RE: Controlled Substance application

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

In July 2006 I was dealing with a difficult divorce situation. My ex-wife was harassing me at both my work and home. One day I came in to work for a shift having not slept well for several days prior. Realizing we were well staffed I asked to go home and then proceeded to have my secretary remove me from the schedule for the rest of the month. I decided to go out of town to get away from the situation. When I returned home the next month, I found my Medical Staff Office had sent several letters of inquiry requesting an explanation of why I had taken time off. The letters stated that if I did not respond immediately they would suspend my hospital privileges and make a report to the National Practitioner Data Bank. By the time I had returned the Medical Staff Office had already taken action which could not be undone. I explained to my Medical Staff Office why I was unable to respond, took additional time to deal with my divorce and returned to my medical practice as one of the most respected physicians at my medical center. I even had the honor of being appointed Chief of Service of the Emergency Department at the Medical Center.

I provided the same explanation to the Nevada Medical Board when obtaining my Nevada Medical License and to Nellis Air Force Base Medical Center, Las Vegas, NV where I have Medical Staff Privileges pending approval of a Nevada Pharmacy License

If you would like me to call you to discuss this matter further I would be glad to.

Thank You

Peter Grimes MD

[redacted]

Subject: Controlled Substance application

Caution: This email came from outside Kaiser Permanente. Do not open attachments or click on links if you do not recognize the sender.

Good morning,

We have received your application and need the following information to continue the process.

Peter Francis GRIMES

License Number:
28067

License Type:
Medical Doctor

License Status:
Active

Initial License Date:
Aug-08-2025

Expiration Date:
Jun-30-2027

Public Address:
[redacted]

Public City:
Downey

Public State:
California

Public ZIP Code:
90242

Public Country:
United States

Public Phone Number:
[redacted]

Credential:
M.D.

Specialties

Specialty
Emergency Medicine

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
University of California - Irvine School of Medicine	Medical Doctor Degree	Sep-08-1987	Jun-15-1991

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
University of California San Diego Medical Center	Internship/Residency	Surgery, Orthopedic	Jun-24-1991	Jun-30-1994

Institution	Program Type	Specialty Type	Start Date	End Date
University of California Irvine Medical Center	Internship/Residency	Emergency Medicine	Jun-23-1994	Jun-30-1997

Board Actions

Summary	Attachments
None.	

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary	Attachments
None.	

Malpractice Information

Summary	Attachments
None.	

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17

17A

Workshop Language
to be provided at the
Board Meeting and Board Website

18

19

Executive Secretary Report

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. Licensing Activities Report
F. Citations & Fines issued pursuant to NRS 632.2895
G. Renewal Update
H. Vaccine Update
I. 2026 Nevada Board of Pharmacy Yearly Calendar

October 2025 - Temporary License since last Board Meeting

Pharmacist Name	Pharmacist License #
Neil Adams	24765
Kayla Michie	24752
Hao Pham	24768
William Lynch	24749
Carlos Martinez Morejon	24770
Kailee Reddy	24782
Courtney Hedrick	24766
Gabriel Cuny	24777
Tara Vlasimsky	24760
Amie Tran	24729
Marc Luxemburg	24731
Jeffrey Olson	24759
Haofeng Zheng	24730
Cassie Drew	24786
Megan Mullalley	24761
Christiane Matagne Ngassam	24771
KC Sicheneder	24781
Jaime Decker	24778
Amanda Marie Mayer	24779
Yaser Ghavami	24784

Business Name	License Type	City, State
ASM Home Delivery	Pharmacy	Indianapolis, IN

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639.520: Security of Pharmacies	09/07/23 Dave to meet with industry							
Amendment to Nevada Administrative Code (NAC). The proposed amendments establish the minimum staffing standards in a pharmacy and modify the number of pharmaceutical technicians and pharmaceutical technicians in training a pharmacist may supervise.	5/29/24	6/3/24	R113-24	6/25/24 – To Yenh/Dave for review 7/15/24 –sent revised version to Dave/Yenh	12/10/24	1/16/25 – This public hearing was withdrawn from the agenda and will be heard at a future BM. 4/17/25 – To be heard at a future BM.		
Amendment to the Nevada Administrative Code ("NAC") 639. The proposed amendments relate to the licensing requirements for facilities for treatment with narcotics and provide other matters properly relating thereto.	10/17/24	10/21/24	R197-24	7/21/25 – Sent to Dave/Yenh for review.	12/4/25			

Amendment to the Nevada Administrative Code ("NAC") 639. The proposed amendments relate to the licensing requirements for facilities for intermediate care or facilities for skilled nursing licensed by the State Board of Health pursuant to NRS 449.0303 and provide other matters properly relating thereto.	12/5/24	12/9/24	R203-24	9/19/25 – Sent to Dave/Yenh for review	12/4/25			
Amendment to the Nevada Administrative Code ("NAC") 639.742. The proposed amendments relate to removing the requirement that Dispensing Practitioners must personally dispense at a facility and provide other matters properly relating thereto. The change would allow Dispensing Practitioners to mail prescriptions to individual patients in their care as allowed by the Center for Medicare and Medicaid Services.	12/5/24 – Waiting for the federal reg to pass. The Board would like to see at a future meeting.							
A REGULATION relating to controlled substances adding ethylphenidate and 2-methyl AP-237 to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.	12/5/24	12/9/24	R204-24	7/23/25 – Sent to Dave/Yenh for review	12/4/25			

Amendment to Nevada Administrative Code NAC 454. The proposed amendment revises the ability of an advanced emergency medical technicians to possess and administer dangerous drugs upon the order of a practitioner in a license hospital when practicing under their scope of practice as determined by the State of Nevada Health Department.	4/17/25	4/28/25	R004-25	7/22/25 – Sent to Dave/Yenh for review	12/4/25			
Amendment to Nevada Administrative Code (NAC) 639. The proposed amendment specifies the requirements for pharmacies and practitioners to be authorized to engage in the sterile or nonsterile compounding of drug products.	7/17/25 – Need updated language from Dave to send to LCB.							
A REGULATION relating to the authority of a homeopathic physician who is not licensed as an allopathic or osteopathic physician in Nevada to possess, administer, prescribe and dispense controlled substances and dangerous drugs; and providing other matters properly relating thereto.	9/4/25 – Tabled and work with Homeopathic Board. 12/4/25							

Amendment to Nevada Administrative Code (NAC). The proposed amendments establish standards for licensees relating to staffing, supervision, duties of a pharmacy, duties of a pharmacist and requirements related to the timing of dispensing prescription drugs and devices	9/4/25 – Tabled and make modifications to language. 10/16/25							

Citations & Fines issued pursuant to NRS 639.2895 (Since last Board Meeting)

- **Cease & Desist/Citation –**
  - **Unlicensed Practice: 32**
  - **Other: 1**
- **Citation & Fine –**
  - **Unlicensed Practice: 1**
  - **Misfill: 2**
  - **Other: 3**

2026
Nevada Board of Pharmacy Calendar

January

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
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February

Su	M	Tu	W	Th	F	Sa
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March

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29	30	31				

April

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May

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31						

June

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July

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August

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September

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October

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November

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29	30					

December

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20	21	22	23	24	25	26
27	28	29	30	31		

BOARD MEETING DATES	
January 14-15	Las Vegas, NV
March 4-5	Las Vegas, NV
April 15-16	Reno, NV
June 3-4	Las Vegas, NV
July 15-16	Las Vegas, NV
Sep 2-3	Reno, NV
Oct 14-15	Las Vegas, NV
Dec 2-3	Las Vegas, NV

OBSERVED STATE HOLIDAYS	
Jan 01	New Years Day
Jan 19	Martin Luther King, Jr.'s Birthday
Feb 16	Washington's Birthday
May 25	Memorial Day
Jun 19	Juneteenth Day
Jul 03	Independence Day
Sept 7	Labor Day
Oct 30	Nevada Day
Nov 11	Veterans' Day
Nov 26	Thanksgiving Day
Nov 27	Family Day
Dec 25	Christimas Day

ANNUAL MEETINGS	
APhA Annual	March 27-30 (Los Angeles, CA)
NACDS Annual	April 18-21 (Palm Beach, FL)
NABP Annual	May 12-15 (Boston, MA)
NASCSA Annual	October 26-29 (Portland, ME)
ASHP Mid Year	December 6-10 (Orlando, FL)
NABP District 8	TBD

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